

EXHIBIT 1

WITMAN STADTMAUER, P.A.
26 Columbia Turnpike
Florham Park, New Jersey 07932-2246
Telephone: (973) 822-0220
Facsimile: (973) 822-1188
Attorneys for Plaintiffs

2008 MAR 28 P 2:31
U.S. DISTRICT COURT
DISTRICT OF NEW JERSEY

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Dr. Fadi Chaaban, Dr. Sabino R. Torre, Dr.
Constantinos A. Costeas, and Dr. Anthony J.
Casella as trustees of Diagnostic & Clinical
Cardiology, P.A. Profit Sharing Plan,

Plaintiffs,

v.

Dr. Mario A. Criscito,

Defendant.

CASE NO:

08-1567 (LJM)

COMPLAINT

Plaintiffs Dr. Fadi Chaaban, residing at 7 Orchard Drive, Montville, New Jersey, Dr.

Sabino R. Torre, residing at 7 Lancer Drive, Short Hills, New Jersey, Dr. Constantinos A.

Costeas, residing at 17 Tara Lane, Montville, New Jersey and Dr. Anthony J. Casella, residing at

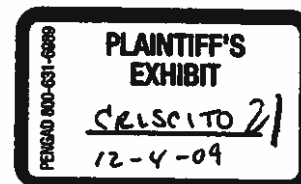
28 Holton Lane, Essex Fells, New Jersey as trustees of Diagnostic & Clinical Cardiology, P.A.

Profit Sharing Plan ("Plan"), for their complaint against Dr. Mario A. Criscito, residing at 32

Chelsea Drive, Livingston, New Jersey allege as follows:

Nature of the Action

1. This action arises from the fraud and other misconduct that defendant, the former



sole trustee of the Plan, a tax qualified pension plan, perpetrated upon the Plan and its participants and beneficiaries in order to enrich himself at their expense by using assets of the Plan for private equity and real estate investments, to pay personal expenses such as country club dues, to borrow money without repaying it, and to increase his personal assets by the diversion of other Plan participants' account balances to his account balance in the Plan, and then subsequently to his personal accounts at financial institutions - - all in violation of his fiduciary duties under the Employees Retirement Income Security Act ("ERISA"), 29 U.S.C. § 1001 et seq.

2. Defendant was a cardiologist at a medical group in West Orange, New Jersey, and served as the Plan's sole trustee for over thirty years until he was removed as trustee on July 2, 2007; his employment ended on August 2, 2007. During his tenure as trustee he ensured that nobody at the medical group received any information about his handling of Plan assets, and knowingly, intentionally and fraudulently failed to supply appropriate and correct information to the third-party administrator as to the commingled accounts, i.e., the accounts that were not individually directed.

3. His most flagrant and audacious diversion of Plan assets for his own personal benefit occurred in early January 2000, when he knowingly, intentionally, and fraudulently misrepresented to the third-party administrator that the 1999 year end values of two commingled accounts at Dean Witter Morgan Stanley and Salomon Smith Barney were approximately \$4,000,000 and \$800,000 when, in fact, the true values were approximately \$13,000,000 and \$4,000,000.

4. He then pressured the other Plan participants to open individually directed accounts in the Plan, which one doctor and thirteen non-doctor employees did.

5. As trustee, defendant then arranged for distributions to be made to such participants'

individually directed accounts based on the false, fraudulent, and greatly reduced numbers that he had given to the third-party administrator, thereby drastically shortchanging the participants and keeping the difference for his personal account balance in the Plan.

6. It was not until after defendant's removal as the sole trustee in July 2007, that the current trustees of the Plan had access to information and documents that disclosed defendant's massive fraud and wrongdoing, the full extent of which is still not known.

7. Accordingly, as successor fiduciaries under ERISA, the current trustees of the Plan bring this action pursuant to ERISA on behalf of the Plan and its participants and beneficiaries to recover assets that rightfully belong to the Plan and its participants and beneficiaries, and also to seek related relief, including punitive damages by reason of defendant's massive fraud.

The Parties

8. Plaintiff Dr. Fadi Chaaban is a citizen and resident of Montville, New Jersey, and is a cardiologist currently employed by Diagnostic & Clinical Cardiology, P.A., located at 769 Northfield Avenue, Suite 220, West Orange, New Jersey 07052 ("DCC"). Since July 11, 2007, he has been and is a trustee of the Plan.

9. Plaintiff Dr. Sabino R. Torre is a citizen and resident of Short Hills, New Jersey, and is a cardiologist currently employed by DCC. Since July 11, 2007 he has been and is a trustee of the Plan.

10. Plaintiff Dr. Constantinos Costeas is a citizen and resident of Montville, New Jersey, and is a cardiologist currently employed by DCC. Since July 11, 2007 he has been and is a trustee of the Plan.

11. Plaintiff Dr. Anthony J. Casella is a citizen and resident of Essex Fells, New Jersey,

and is a cardiologist currently employed by DCC. Since November 15, 2007 he has been and is a trustee of the Plan.

12. Defendant Dr. Mario A. Criscito is a citizen and resident of Livingston, New Jersey. From in or about April 1976 until August 2007 he was employed as a cardiologist by DCC, and until July 2, 2007 was the sole trustee of the Plan, including a predecessor money purchase pension plan that DCC established in 1976, which was converted into the current profit sharing plan in 2005. His employment with DCC ended on August 2, 2007.

Jurisdiction and Venue

13. This Court has subject matter jurisdiction over this action pursuant to 28 U.S.C. § 1331 and 29 U.S.C. § 1132(e)(1) and (f), ERISA Section 502(e)(1) and (f) since this action arises under ERISA.

14. This Court has personal jurisdiction over defendant because this is the district where defendant resides, and where he committed numerous breaches of fiduciary duty during his tenure as the Plan's sole trustee.

15. Venue is proper in this district pursuant to 29 U.S.C. § 1132(e)(2), ERISA Section 502(e)(2) because this is the district where at all times the Plan was and is administered, where the defendant's numerous breaches of fiduciary duty took place, and where defendant resides.

CAUSE OF ACTION

16. In or about 1976, defendant formed DCC and created the "Diagnostic and Clinical Cardiology, P.A. Money Purchase Pension Plan", of which defendant was the sole trustee.

17. In or about January 2005, for tax reasons DCC converted the Money Purchase Pension Plan into a profit sharing plan named "Diagnostic & Clinical Cardiology, P.A. Profit Sharing Plan," of which defendant continued to be the sole trustee.

18. The Money Purchase Pension Plan and subsequent Profit Sharing Plan are referred to collectively as the "Plan."

19. At all times from the inception of the Plan in 1976 until his removal as trustee in July 2007, defendant was the Plan's sole trustee. He arranged for all information about the Plan to be sent directly to him at his home rather than to the office of DCC, where other Plan participants might have access to it. As described herein, he did so to conceal his use of Plan assets for his own personal benefit in breach of his fiduciary duties under ERISA.

**Defendant Fraudulently Conceals and Wrongfully
Takes For Himself Millions of Dollars In Assets of the Plan**

1. The Morgan Stanley Account

20. At all times while he was the sole trustee, defendant unilaterally made all investment decisions for the commingled accounts of the Plan, i.e. accounts in which he and various other employees - - both doctors and non-doctors - - had their money invested, as opposed to individually directed accounts, where the money in each account is for the benefit of only the named participant, who makes his/her own investment decisions.

21. In or about February 1997, as sole trustee of the Plan, defendant established a commingled account for the Plan with Morgan Stanley Dean Witter ("Morgan Stanley Account").

22. As of December 31, 1998 the balance in the Morgan Stanley Account was \$2,355,460.58 (Exhibit 1, p. 1). One of the largest holdings was a volatile high tech stock known as Veritas.

23. In or about January 1999, as sole trustee of the Plan defendant purchased substantial additional shares of Veritas for the Morgan Stanley Account.

24. Veritas soared in value during 1999. As a result, as of December 31, 1999 the

Morgan Stanley Account had a balance of \$12,919,403.12 (Exhibit 2, p. 1). Without the knowledge of the other Plan participants, as sole trustee defendant sold most of the Veritas stock on January 5, 2000 and the balance on January 12, 2000 at a huge profit (Exhibit 3, p. 4).

25. However, in order to retain for his own account balance the lion's share of the increase in the value of the Morgan Stanley Account, defendant knowingly, intentionally, and fraudulently concealed and falsified the true 1999 year-end value of this account that he communicated to the third-party administrator as well as to the other Plan participants.

26. Accordingly, on or about January 13, 2000 - - the day after the last sale of Veritas stock - - defendant knowingly, intentionally, and fraudulently sent a false facsimile to American Pension Corporation ("APC"), the third-party administrator that defendant as sole trustee had selected to assist in administering the Plan.

27. In that facsimile (Exhibit 4) defendant knowingly, intentionally, and fraudulently misrepresented to APC that the 1999 year-end balance for the Morgan Stanley Account was \$4,017,942.57, even though the correct balance was \$12,919,403.12 (Exhibit 2, p. 1).

28. Defendant knowingly, intentionally, and fraudulently provided no backup to APC for the information in the January 13, 2000 facsimile.

29. All of the foregoing was unknown to plaintiffs until after July 2007, when defendant was removed as the Plan's sole trustee, and plaintiffs for the first time had access to the information and documents showing defendant's fraudulent activity.

30. As part of his fraudulent scheme to conceal and keep for himself the unreported approximately \$9,000,000 increase in the Morgan Stanley Account that occurred during 1999, in January 2000 defendant knowingly, intentionally, and fraudulently misrepresented to the Plan participants that it was in their best interest to establish individually directed accounts, and

pressured them to transfer their account balances to accomplish this. In reality, it was in defendant's best interest for them to do so, in order to facilitate his concealment and diversion of the unreported approximately \$9,000,000 increase in the Morgan Stanley Account.

31. In reliance on defendant's false and fraudulent misrepresentations, and unaware of the true balance of the Morgan Stanley Account, during the period January through March 2000 Dr. Keith Hawthorne and twelve non-doctor employees established their retirement investments in individually directed accounts at Morgan Stanley. They represented all of the Plan's participants in the commingled Morgan Stanley Account except for defendant and two women -- Antoinette Andriola, formerly Foggio, and Mary Ann Canares, formerly Campos, who had ceased working for DCC. An individually directed account was established for Ms. Canares in 2001.

32. The amount that these participants received from the Morgan Stanley Account for their individually directed accounts at Morgan Stanley were not calculated based on the true 1999 year end balance of that account, but rather on the false and fraudulent understated value that defendant had reported to APC in his facsimile. And in the case of Ms. Canares, defendant caused her to be underpaid by about \$9500 even based on his false and fraudulent understated 1999 year end value for the Morgan Stanley Account.

33. Therefore, as a direct result of defendant's fraud, the participants in the Plan who established their retirement investments in the individually directed accounts at Morgan Stanley did not receive any portion of the unreported approximately \$9,000,000 increase, and thus were wrongfully shortchanged as to the distribution that they received.

2. The Smith Barney Account

34. In the same facsimile to APC in which defendant knowingly, intentionally, and fraudulently misrepresented the true balance of the Morgan Stanley Account, he also knowingly,

intentionally, and fraudulently misrepresented the true value of the Plan's commingled account at Salomon Smith Barney ("Smith Barney Account").

35. As of December 31, 1998 the balance in the Smith Barney Account was \$660,949.29 (Exhibit 5). Defendant listed the 1999 year end balance in the Smith Barney Account in his facsimile as \$798,425.50, when in fact the balance in that account was really \$3,924,549.92 (Exhibit 5).

36. No portion of the Smith Barney Account was ever distributed to any Plan participant other than defendant, who had the balance in that account transferred to his individual IRA account in or about September 2007, which he accomplished by knowingly, intentionally, and fraudulently misrepresenting to Smith Barney that he was still the trustee of the Plan, when in fact he had already been removed as trustee two months earlier.

**Harm To The Plan In Addition To Loss Of Plan
Assets Resulting From Defendant's Fraud**

37. In order for the Plan to retain its tax-qualified status, the Plan must be administered as provided by the terms of the Plan, and the Plan participants must be credited with the correct amounts to which they are entitled from the Plan assets.

38. If participants do not receive the correct amounts to which they are entitled from the Plan assets, then the Plan can lose its tax-qualified status and suffer adverse tax consequences, which would directly impact the Plan by causing its disqualification, which in turn would result in current taxation to the Plan assets. In addition, Plan participants would suffer adverse tax consequences, including but not limited to the inability to retain tax deferred retirement accounts.

39. In 2000, when defendant fraudulently pressured Plan participants to establish individually directed accounts, the distributions to which these participants were entitled should have been calculated based on assets valued at approximately \$17,000,000 - - approximately

\$13,000,000 for the Morgan Stanley Account and approximately \$4,000,000 for the Smith Barney Account.

40. As a direct result of defendant's fraud, however, the false value that he knowingly, intentionally and fraudulently reported for these two accounts was only approximately \$4,800,000 - - approximately \$4,000,000 for the Morgan Stanley Account and approximately \$800,000 for the Smith Barney Account, which caused the participants to be drastically shortchanged - - except for defendant, who fraudulently diverted the remaining Plan assets for his own personal benefit.

41. As a further direct result of defendant's fraud, he knowingly, intentionally and fraudulently caused the Plan to file a false annual tax return for 1999 (known as Form 5500) with governmental agencies that grossly understated the true value of Plan assets for 1999. In addition, he continued to knowingly, intentionally and fraudulently conceal Plan assets and misrepresent the amount of those assets to the third-party administrator, and therefore caused the Plan to file a false Form 5500 in each of the subsequent years that defendant remained as sole trustee.

42. In order to preserve its tax-qualified status, the Plan will have to correct participants' accounts for 1999 and subsequent years, apply to the IRS under the Voluntary Compliance Program for corrective procedures, and file amended 5500 forms for tax years 1999 to the present, all of which will cause the Plan to incur substantial expense.

**Defendant's Withdrawals of Over \$2.8
Million in 2000 and 2001 From The Morgan Stanley Account**

43. In January 2000 defendant made two separate withdrawals from the Morgan Stanley Account of \$950,000 and \$150,000.

44. On May 1, 2000, defendant authorized a wire transfer of \$75,000 from the Morgan Stanley Account to the Evelyn Langlieb Greer Trust. Since DCC has never had an employee named Evelyn Langlieb Greer, this payment (the purpose of which is unknown) was not proper

under the Plan. Through the internet plaintiffs have learned that Ms. Greer is a real estate attorney in Florida and the CEO of Greer Properties, Inc., which is a real estate developer and operator in Florida.

45. Between September 2000 and October 2001 defendant had a total of \$1,000,000 wired from the Morgan Stanley Account to his personal joint checking account at Independence Community Bank, now Sovereign Bank.

46. In or about November 2000 defendant authorized a wire transfer of \$250,000 from the Morgan Stanley Account to "POSTX Corp., Acct: 1000020403."

47. In or about February 2001 defendant authorized a wire transfer of \$265,680 from the Morgan Stanley Account to Citibank/Pillsbury Winthrop LLP Trust Clearing Account.

48. The above two wire transfers are unrelated to the Plan or any valid Plan purpose.

49. In April 2001 defendant arranged for \$143,686 to be withdrawn from the Morgan Stanley Account and paid directly to RC Shea Associates for what plaintiffs have since learned was a Toms River real estate investment of defendant unrelated to the Plan or any valid Plan purpose.

Defendant's Withdrawals and Purchase of a Luxury Home

50. On or about January 14, 2002 defendant arranged for a withdrawal of \$6,000,000 from the Morgan Stanley Account. He invested the money in a certificate of deposit in the Plan's name at Independence Community Bank, but no Plan participant other than defendant has ever received any portion of this \$6,000,000 or any of the interest that was earned on it.

51. During the period February 2003 through April 2006 defendant put approximately another \$3,000,000 into this certificate of deposit. On or about May 6, 2004 defendant took out \$3.26 million dollars from this certificate of deposit.

52. On or about May 20, 2004 defendant bought a luxury home in Livingston, New Jersey, where he currently resides, at a cost of at least \$2.5 million.

53. In or about 2005 defendant advised the third-party administrator APC that he took a distribution of \$4,500,000 from the Morgan Stanley Account. In response APC issued a Form 1099 for that amount, but no taxes were withheld.

54. After defendant's removal as trustee, plaintiffs learned that there was less than \$2,000,000 in the Morgan Stanley Account throughout 2005. Defendant has failed and refused to explain to plaintiffs how it was possible for him under those circumstances to receive a distribution in 2005 of \$4,500,000 from that account, and where the funds for that alleged distribution came from.

Other Improper Payments from Assets of the Plan

55. Commencing in December 2001 through and including July 2007, defendant had payments totaling approximately \$64,000 made directly from the Plan's Morgan Stanley Account to the Surf Club, a private country club in Florida to which defendant belonged.

56. In addition, during 2003 and 2004 defendant had the following payments made directly from the Morgan Stanley Account: two checks totaling \$22,000 to an entity called TRC Holdings; \$14,490 to Richard Fairclough, who has never been an employee of DCC; and \$10,000 to Short Hills West, LLC, a personal real estate investment of defendant.

57. None of the above payments were for the benefit of the Plan or had any valid Plan purpose, and all were solely for defendant's personal benefit.

58. Plaintiffs did not learn of any of the foregoing withdrawals and payments until after defendant was removed as trustee in July 2007.

Defendant's Failure To Follow Tax Procedures

59. When distributions were made from the Plan directly to or for the benefit of the defendant, for each such distribution the Plan was required to withhold 20% of the distribution and file a Form 1099.

60. Based on available records, no Form 1099 was ever issued until defendant reported the alleged 2005 distribution of \$4,500,000. Prior distributions to defendant were not reported to the IRS, and no taxes are known to ever have been withheld on any distribution to defendant. In short, besides cheating the Plan participants, defendant may have also cheated governmental taxing authorities.

Defendant's Unpaid \$250,000 Loan From The Plan

61. Subsequent to defendant's removal as the Plan's sole trustee in July 2007, plaintiffs discovered that in 1982 defendant had borrowed \$250,000 from the Plan, even though \$50,000 was the maximum amount under the Plan that could be borrowed. Based on available records, this loan has not been fully repaid, and defendant still owes the Plan at least \$100,000 plus interest for this \$250,000 loan.

62. In addition, on at least one occasion DCC overcontributed to the Plan, and defendant improperly directed APC to credit the overpayment in reduction of his personal \$250,000 loan.

Defendant's Failure And Refusal To Account For His Administration Of The Plan

63. As noted, defendant was the sole trustee for the Plan from its inception in April 1976 until his removal in July 2007.

64. During that more than thirty-year period, defendant maintained exclusive access to all information and documents concerning the Plan assets.

65. Except for one Plan document and a few 5500 forms that he obtained from APC, defendant has asserted that he has no information and documents relating to his more than thirty-year reign as sole trustee of the Plan.

66. Defendant has failed and refused to account for his administration of the Plan during his more than thirty-year reign as trustee despite plaintiffs' demand that he do so.

67. Defendant has failed to provide any information or documents as to several investments that were part of the Plan's commingled assets, such as North American Venture, which is mentioned in the false and fraudulent January 13, 2000 facsimile (Exhibit 4), and Juniper Enterprises.

Relevant Statutory Provisions

68. At all times during the period from April 1976 until his removal as trustee in August 2007, defendant was the sole "named fiduciary" in the Plan documents. 29 U.S.C. § 1102, ERISA Section 402.

69. Defendant was required to discharge his duties with respect to the Plan "solely in the interest of the participants and beneficiaries." 29 U.S.C. § 1104(a)(1), ERISA Section 404(a)(1).

70. As a fiduciary, defendant was not permitted to deal with the assets of the Plan "in his own interest or for his own account." 29 U.S.C. § 1105(b)(1), ERISA Section 406(b)(1).

71. As a direct result of defendant's fraudulent concealment, fraudulent misrepresentations, self-dealing, diversion of Plan assets, and unpaid loan from the Plan, he caused damage to the Plan and its participants and beneficiaries and breached his fiduciary duties under ERISA as the Plan's trustee.

72. Because of the breach of his fiduciary duties, defendant is "personally liable to make good to such plan any losses to the plan resulting from each such breach, and to restore to such plan any profits of such fiduciary which have been made through use of assets of the plan by the fiduciary..." 29 U.S.C. § 1109(a), ERISA Section 409(a).

73. Because of defendant's fraud and other misconduct, plaintiffs should be awarded attorney's fees and costs. 29 U.S.C. § 1132(g)(1), ERISA Section 502(g)(1).

74. As fiduciaries plaintiffs are entitled to "appropriate relief under section 1109 of this title" against defendant for breaching his fiduciary duties. 29 U.S.C. § 1132(a)(2), ERISA Section 502(a)(2).

75. As fiduciaries plaintiffs are entitled "to obtain other appropriate equitable relief (i) to redress such violations or (ii) to enforce any provisions of this subchapter or the terms of the plan." 29 U.S.C. § 1132(a), ERISA Section 502(a)(3).

WHEREFORE plaintiffs demand judgment against defendant Dr. Mario A. Criscito as follows:

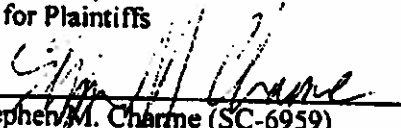
1. restitution of all losses to the Plan
2. disgorgement of all profits that defendant made using assets of the Plan
3. the imposition of a constructive trust on all real estate or other items in which defendant acquired any right, title or interest through the improper use of Plan assets
4. a full accounting by defendant of the use of Plan assets during his tenure as the sole trustee of the Plan.
5. permanent injunctive relief preventing defendant from using or benefiting in any manner whatsoever from Plan assets to which he is not entitled.
6. attorney's fees and costs

Case 2:08-cv-01567-JAG-MCA Document 1 Filed 03/28/2008 Page 15 of 32

7. compensatory damages suffered by the Plan
8. punitive damages by reason of defendant's fraud
9. such other, further, or different relief as the Court deems just or equitable.

WITMAN STADTMAUER, P.A.
Attorneys for Plaintiffs

Dated: March 27, 2008

By: 
Stephen M. Charne (SC-6959)

PAGE 1

ACCOUNT NO	FA	PERIOD ENDING	INCOME & CHARGE SUMMARY		
769 086347	870	DEC 31 1998	DESCRIPTION	THIS MONTH	YEAR-TO-DATE

MARIO A CRISCITO TTEE
DIAGNOSTIC & CLINICAL CARDIOLOGY PC
V/A DTD 04/01/76
11 CHADWICK ROAD
LIVINGSTON NJ 07039-1903

DIVIDENDS	591.00CR	4,233.75CR
INTEREST INCOME	.00	7,727.59CR
MARGIN INTEREST	.00	.00
ACCURED BOND INTEREST	.00	.00

ACCOUNT VALUATION SUMMARY

YOUR FINANCIAL ADVISOR:

HERBERT A MENDEL
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
FIVE CONCORDE PARKWAY STE 3000
ATLANTA, GA 30328
770-698-2100

TOTAL VALUE OF PRICED INVESTMENTS	2,292,295.31
TOTAL VALUE OF CUSTODIAL HOLDINGS	52,630.48
CLOSING CASH BALANCE	10,536.79CR

TOTAL ACCOUNT VALUATION 2,355,460.58

YOUR INVESTMENTS AS OF DECEMBER 31 1998

TYPE	LONG OR SHORT	QUANTITY	DESCRIPTION	MONTH END PRICE	MARKET VALUE	EST DIV RATE/ % YIELD	ESTIMATED ANNUAL INCOME	DWR SEC. NO.
CASH	LONG	14800	LUCEANT TECHNOLOGIES	109 15/16	1,627,075.00	.10	2,368.09	ADW05
CASH	LONG	300	NYCAL CP	N/A				56907
CASH	LONG	9400	SANDISK CORP	14 1/8	132,775.00			ACP50
CASH	LONG	1000	UNICAPITAL CORPORATION	7 3/8	7,375.00			ADL23
CASH	LONG	7875	VERITAS SOFTWARE DR	59 15/16	472,007.81			ABQ76
CASH	LONG	50000	US TET NOTE 775 01F015 106 1/8		53,062.50	7.30	3,875.00	011Y6
TOTAL VALUE OF PRICED INVESTMENTS					2,292,295.31	.27	6,243.09	

N/A = NOT AVAILABLE

THE CUSTODIAN(S) OF THE INVESTMENTS LISTED BELOW HAVE REPORTED THAT, AS OF THE DATE SHOWN,
YOUR ACCOUNT, MAINTAINED WITH SUCH CUSTODIAN REFLECTED THE FOLLOWING:

CUST.	FUND	DATE	ACCOUNT NO.	SHARES/UNITS	N.A.V.	VALUE
MSDWT	MSDW LIQUID ASSET FUND	12-31-98	503972647	52,630	1.00	52,630.48
TOTAL VALUE OF CUSTODIAL HOLDINGS						52,630.48

DAILY ACTIVITY DURING DECEMBER 1998

DATE	ACTIVITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	TYPE REP NO.
11/30	OPENING CASH BALANCE				79,145.00CR	
12/01	CHECK	FUNDS PAID		100,000.00DR		C C0950321
	CASH DIVIDEND	LUCEANT TECHNOLOGIES		592.00CR		C 33514000
	SOLO	20107.00 MSDW LIQUID ASSET FUND	1.00	20,807.00CR	544.00CR	C 33402919
12/02	SOLO	48.00 MSDW LIQUID ASSET FUND	1.00	48.00CR	592.00CR	C 33530604
12/07	BOUGHT	592.00 MSDW LIQUID ASSET FUND	1.00	592.00DR	.00	C 341P2E38
12/08	SOLD	500 ANDOCS LIMITED ORD	15 5/8	7,704.88CR		C 33780542

Case 2:08-cv-01567-JAG-MCA Document 1 Filed 03/28/2008 Page 18 of 32

PAGE 2

ACCOUNT NO PA PERIOD ENDING
 769 086347 070 DEC 31 1998

MARIO A CRISCITO TTEE
 DIAGNOSTIC & CLINICAL CARDIOLOGY MD

DAILY ACTIVITY DURING DECEMBER 1998

DATE	ACTIVITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	TYPE REF NO.
12/08	BOUGHT	7784.00 MSBW LIQUID ASSET FUND	1.00	7,784.00DR	.00CR	C 34202973
12/14	BOUGHT	.00 MSBW LIQUID ASSET FUND	1.00	.00DR	.00	C 3401P416
12/30	SOLD	300 ZIPP-DAVIS INC	21 1/8	10,534.79CR	10,534.79CR	C 350L1349
12/31	CLOSING CASH BALANCE				10,534.79CR	

SUPPLEMENTAL TAX INFORMATION

TOTAL THIS MONTH	TOTAL YEAR- TO-DATE
------------------------	---------------------------

U.S. TREASURY COUPON INTEREST.....0.00.....3,875.00

THE SUPPLEMENTAL TAX INFORMATION PROVIDED ABOVE SHOULD BE USED ONLY
 AS A GUIDE. A COMPLETE 1099 WILL BE SENT TO YOU.

IMPORTANT MESSAGES

IF YOU WISH TO BORROW, MORGAN STANLEY DEAN WITTER'S MARGIN LOAN RATE AS OF 12/31 IS 8.12% TO 9.87%

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING DECEMBER 31, 1999

Your Financial Advisor
HERBERT A. MENDEL
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
FIVE CONCOURSE PARKWAY STE 2000
ATLANTA, GA 30328
(770) 658-2150

PAGE 1 OF
Account Number 769 086147 PA 070

(07031903116)

MARIO A CRISCITO ITEN
DIAGNOSTIC & CLINICAL RADIOLOGY MP
V/A STD 06/01/76
11 CHADWICK ROAD
LIVINGSTON NJ 07039 1903

ASSET DETAILS

Your Investments	Current Price	Value	Est Yrly Income	Current Yield
1800 AMERICA ONLINE INC	75 7/8	136,575.00		
29600 LUCEFT TECHNOLOGIES	75	2,220,000.00	2,368.00	.10%
300 BYCAL CP	N/A			
9400 SANDISK CORP	96 1/4	904,750.00		
67125 VERITAS SOFTWARE DE	143 1/8	9,607,285.43		
50000 US TREY NOTE	775 61/913	50,813.50	3,875.00	7.62%
Total Value of Priced Investments		\$12,919,403.12	\$6,243.00	.04%

N/A = Not Available

Custodial Holdings	Symbol	Current Price	Date	Value	Custodian	Dividend Cap Gain Option	Relay/ N/A	Fund Plan Number
33333.31 MSDW LIQUID ASSET FUND	ILAF	1.00	12/31/99	33,333.31	MSDWT			503972647
Total Custodial Holdings				\$33,333.31				

Asset Summary	Value	Est Yrly Income
Cash	0.00	
Total Account Valuation	\$12,922,936.43	\$6,243.00

STATEMENT OF YOUR ACCOUNT
FOR MONTHS ENDING DECEMBER 31, 1999MARIO A CRISCITO MEE
DIAGNOSTIC & CLINICAL CARDIOLOGY NPPAGE 3 OF
Account Number
769 086347 PA 370

DAILY ACTIVITY DETAILS

Date	Activity	Quantity	Description	Price	Amount	Cash Balance
12/01	Dividend		CLOSING BALANCE AS OF 11/30			
12/06	Bought	592.00	LUCENT TECHNOLOGIES		-592.00	.00
12/31	Dividend		MSDW LIQUID ASSET FUND	1.00	-592.00	.00
	Direct Purchase	149.25	MSDW LIQUID ASSET FUND		+149.25	.00
			REINVESTMENT	1.00	+149.25	.00
			CLOSING BALANCE AS OF 12/31			.00

Morgan Stanley Dean Witter Fund Summary

YTD Dividends	YTD Cap Gains	YTD Income	Features
8,220.10	0.00	0.00	Reinvest Dividends
68,320.10	0.00	0.00	
Totals			

MSDW LIQUID ASSET FUND

MSDW LIQUID ASSET FUND

Following are the Fund's 10-day average annualized yields during the past quarter: October 4.96%, November 5.15% and December 5.23%.

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING DECEMBER 31, 1999

MARIO A CRISCITO ITES
DIAGNOSTIC & CLINICAL RADIOLOGY MD

PAGE 3 OF
Account Number FA 070
769 086347

Income Summary

	This Month	Year-to-Date
Dividends	741.25	10,598.18
Accrued Bond Interest	.00	.00
Interest		
Margin Interest	.00	3,875.00
		.00

Tax Information

	This Month	Year-to-Date
U.S. Treasury Coupon Interest	.00	3,875.00

Messages

For tax year 1999, clients invested in networked external mutual funds will receive two tax reports. One will come from the fund company and will reflect income and distributions for the period from January 1, 1999 up until the conversion date. The second report will be supplied from Morgan Stanley Dean Witter and will cover the period starting at the time of the conversion until December 31, 1999. Clients should retain both of these reports for their tax records. Beginning with tax year 2000, clients will receive one income and distribution report from Morgan Stanley Dean Witter.

If you wish to borrow, Morgan Stanley Dean Witter's Margin loan rate as of 12/31 is 8.87% to 10.62%.

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING JANUARY 31, 2008

Your Financial Advisor
HERBERT A. MINDEL
SENIOR VICE PRESIDENT - INVESTMENTS
MORGAN STANLEY DEAN WITTER
FIVE CONCOURSE PARKWAY STE 2000
ATLANTA, GA 30328
(770) 698-2100

PAGE 1 OF
Account Number
769 086347

PA 070

(0763)1903116

MARIO A. CRISTINO, FTM
DIAGNOSTIC & CLINICAL CARDIOLOGY NP
U/A 070 04/01/76
11 CULWICK ROAD
LIVINGSTON NJ 07033 1903

Asset Summary

	Value	% of Assets
Money Market Funds	\$5,740,333.76	57.0%
Stocks	4,273,823.00	42.5
Municipal Bonds	0.00	0.0
Corporate Fixed Income	0.00	0.0
Government Securities	50,607.50	0.5
Mutual Funds	0.00	0.0
Unit Investment Trusts	0.00	0.0
Certificates of Deposit	0.00	0.0
Annuities/Insurance	0.00	0.0
Other	0.00	0.0
Asset Value	\$10,072,636.26	100.0%
Cash	0.00	
Total Asset Value	\$10,072,636.26	

Activity Summary

	Total Asset Value December 31 1999	Cash/Money Market Activity for January
Closing Balance 12/31	\$12,932,936.43	\$33,233.31
Credits To Your Account		
Dividends and Interest		19,076.93
Deposits		56,933.50
Sales Proceeds/Redemptions		11,617,400.85
Other Credits		0.00
Total Credits		11,674,211.46
Debits To Your Account		
Withdrawals		-1,837,743.33
Funds to Purchase Securities		-6,342,879.70
Other Debits		0.00
Total Debits		-5,959,622.03
Closing Balance 1/31		\$10,072,636.26

Income Summary

	This Month	Year To Date
Money Market Funds	\$19,876.93	\$19,876.93
Stocks	0.00	0.00
Municipal Bonds	0.00	0.00
Corporate Fixed Income	0.00	0.00
Government Securities	0.00	0.00
Mutual Funds	0.00	0.00
Unit Investment Trusts	0.00	0.00
Certificates of Deposit	0.00	0.00
Other	0.00	0.00
Total Income	\$19,876.93	\$19,876.93
Taxable Income	\$19,876.93	\$19,876.93
Tax Exempt Income	\$0.00	\$0.00

Net Change Cash/Money Market Activity

	Value of Prized Assets 12/31	Value of Prized Assets 1/31
Changes in Asset Value for January	\$12,932,936.43	\$10,072,636.26
Securities Bought	6,342,879.70	0.00
Securities Received	0.00	0.00
Securities Sold/Redeemed	-11,617,400.85	0.00
Securities Delivered	0.00	0.00
Transactions at Fund Company	-1,319,369.37	0.00
Change in Value of Prized Assets	4,324,512.50	0.00
Value of Prized Assets 1/31		\$10,072,636.26
Net Change in Asset Value		-8,994,896.63
Total Asset Value as of January 31 2000		\$10,072,636.26

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING JANUARY 31, 2009

MARIO A CRISCITO TYPE
DIAGNOSTIC & CLINICAL RADIOLOGY NP
ASSET DETAILS

PAGE 2 OF
Account Number PA
749 006147 070

Cash and Money Market Funds

CASH

MONEY LIQUID ASSET FUND

Total Cash and Money Market Funds

Net Change Since Last Statement

Amount	Pct of Assets	Net Yrly Income	Annualized 30 Day Yield
---	---	---	---
5,746,123.76	57.0%	311,548	MSDM Liquid Asset Fund..... 5.42%
\$5,746,123.76	57.0%	\$311,548	MSDM Tax Free Income Tr..... 2.65%
\$5,716,590.45			MSDM US Govt Hyatt..... 4.89%
			MSDM CA Tax Free Bond..... 2.18%
			MSDM New York Money Tr..... 3.38%

Stocks

Common Stocks

2,800 AMERICA ONLINE INC
29,640 LUCENT TECHNOLOGIES
300 INTCAL CP
10,000 QUALCOMM INC
9,100 RANDIET CORP

Total Stocks

Net Change Since Last Statement

Current Price	Value	Pct of Assets	Net Yrly Dividend Income	Yield	Symbol	Additional Information
57	162,600.00	1.1%	0	0.00%	AOL	
\$5 1/2	1,642,800.00	11.3%	2,368	.14%	LO	
N/A	0.00	N/A	0	0.00%	INTCL	Next Dividend Payable 01/01/09
127	1,270,000.00	12.5%	0	0.00%	QCOM	
135 7/8	1,236,425.00	13.3%	0	0.00%	RNDI	
	\$4,273,825.00	42.3%	\$2,368	.05%		
	-8,594,765.62					

Government Securities

Treasury Securities

50,000 UNITED STATES TREASURY NOTE
7.750% FEB/AUG 15 DUE 02/15/01

Total Government Securities

Net Change Since Last Statement

Current Price	Value	Pct of Assets	Net Yrly Current Income	Yield	Accruing Interest	Additional Information
101 3/8	50,687.50	0.5%	3,875	7.64%	1.779	YIELD TO MATURITY 6.3630%
	\$50,687.50	0.5%	\$3,875	7.64%		MOODY AAA S&P AAA
	-125.00				81.779	ISSUED 02/15/01 CUSIP 912837EX3

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING JANUARY 31, 2000MARIO A CHIESCINO THE
DIAGNOSTIC & CLINICAL CARDIOLOGY MDPAGE 3 OF
ACCOUNT NUMBER
769 086347 PA 070

Asset Summary

Value	Net Yrly Income
\$10,072,636.26	\$137,791
TOTAL ASSET VALUE	
Total Net Change in Priced Assets Since Last Statement - \$,394,890.62	

Morgan Stanley Dean Witter Margin Loan Rates

Loan Amount	Rate	EFFECTIVE DATE: November 17, 1999
\$0 - 24,999 10 5/8%	PREVIOUS CHANGES: August 25, 1999
\$25,000 - 49,999 10 1/8%	
\$50,000 - 99,999 9 3/8%	
\$100,000 & over 8 7/8%	

CREDITS TO YOUR ACCOUNT

Date	Activity	Description	Amount	Income Category
01-31	Dividend	MSDW LIQUID ASSET FUND	19,876.93	Money Market Funds
		Total Dividends and Interest	19,876.93	
See Income Summary on page 1 for the month to date and year to date amounts per income category.				
Date	Activity	Description	Amount	Additional Information
01-21	Branch Deposit	FUNDS RECEIVED	35,830.66	
01-21	Branch Deposit	FUNDS RECEIVED	1,103.92	
		Total Deposits	\$36,934.58	Year To Date \$36,934.58

Case 2:08-cv-01567-JAG-MCA Document 1 Filed 03/28/2008 Page 27 of 32

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING JANUARY 31, 2009MARCO A CRISCITO FTS
DIAGNOSTIC & CLINICAL CARDIOLOGY PCPAGE 6 OF
Account Number 769 086347 PA 070

Sales Proceeds/Redemptions	Date	Activity	Quantity	Description	Price	Amount	Additional Information
	01-03	Sold	5,000	VERITAS SOFTWARE DS	140 3/8	701,601.63	
	01-05	Sold	5,000	VERITAS SOFTWARE DS	140 1/8	700,351.57	
	01-05	Sold	7,000	VERITAS SOFTWARE DS	140 1/16	980,884.84	
	01-05	Sold	16,000	VERITAS SOFTWARE DS	140	2,239,135.40	
	01-05	Sold	5,000	VERITAS SOFTWARE DS	139 3/4	698,476.73	
	01-05	Sold	21,000	VERITAS SOFTWARE DS	139 5/8	2,930,977.31	
	01-05	Sold	2,125	VERITAS SOFTWARE DS	139 1/2	296,321.40	
	01-05	Sold	6,000	VERITAS SOFTWARE DS	139 1/4	835,169.36	
	01-13	Sold	12,000	VERITAS SOFTWARE DS	113 1/2	1,382,754.21	
	01-13	Sold	8,000	VERITAS SOFTWARE DS	110 3/8	882,546.29	
Total Sales Proceeds/Redemptions							
Total Credits To Your Account							11,617,400.95 Year To Date 11,617,400.95
Total Credits To Your Account							411,674,211.46 Year To Date 411,674,211.46

DEBITS TO YOUR ACCOUNT

Withdrawals	Date	Activity	Description	Amount	Additional Information
	01-03	Transfer	FUNDS TRANSFERRED	950,000.00	PER LETTER OF AUTHORIZATION TO 769-019250-1
	01-05	Transfer	FUNDS TRANSFERRED	150,000.00	PER LETTER OF AUTHORIZATION TO 769-300424-1
	01-25	Check	FUNDS PAID	51,875.58	PAID TO CHSIS HUMANITARIAN BLVD
	01-25	Check	FUNDS PAID	740.19	PAID TO MARK MOSELEY MD
	01-25	Transfer	TRANSFER OF FUNDS	26,061.51	ROLLOVER TO 769-015116-0
	01-25	Transfer	FUNDS TRANSFERRED	52,704.15	PER LETTER OF AUTHORIZATION TO 769-015123-0
	01-25	Transfer	FUNDS TRANSFERRED	30,000.00	PER LETTER OF AUTHORIZATION TO 769-015124-0
	01-25	Transfer	FUNDS TRANSFERRED	395,643.09	PER LETTER OF AUTHORIZATION TO 769-015128-0
	01-26	Check	TRANSFER OF FUNDS	68,894.79	ROLLOVER TO 769-015157-0
Total Withdrawals				-1,617,741.21	Year To Date -1,617,741.21

STATEMENT OF YOUR ACCOUNT
FOR MONTH ENDING JANUARY 31, 2000MARIO A CRISCITO TYPE
DIAGNOSTIC & CLINICAL CARDIOLOGY MDPAGE 3 OF
Account Number
769 085147 PA 070

Date	Activity	Quantity	Description	Price	Amount	Additional Information
01-07	Bought	4,000	VERITAS SOFTWARE DS	137 3/4	551,200.00	
01-07	Bought	3,000	VERITAS SOFTWARE DS	137 1/2	412,650.00	
01-07	Bought	2,000	VERITAS SOFTWARE DS	137 1/4	274,600.00	
01-07	Bought	1,000	VERITAS SOFTWARE DS	137	237,036.00	
01-07	Bought	6,000	VERITAS SOFTWARE DS	134 2/8	805,036.00	
01-07	Bought	4,000	VERITAS SOFTWARE DS	136 1/16	536,432.15	
01-07	Bought	10,000	QUALCOMM INC	162 7/16	1,624,877.35	
Total Funds to Purchase Securities						
Total Debits To Your Account				Year To Date	-4,341,879.70	
ADDITIONAL ACCOUNT INFORMATION				Year To Date	-5,959,621.01	

Date	Activity	Description	Amount	Additional Information
01-04	Automatic Investment	Closing Balance 12/31	35,333.31	
01-10	Automatic Investment	MSM LIQUID ASSET FUND	3,840,198.00	
01-14	Automatic Investment	MSM LIQUID ASSET FUND	0.84	
01-18	Automatic Investment	MSM LIQUID ASSET FUND	2,233,322.00	
01-25	Automatic Investment	MSM LIQUID ASSET FUND	0.41	
01-26	Automatic Redemption	MSM LIQUID ASSET FUND	-431,847.60	
01-27	Automatic Investment	MSM LIQUID ASSET FUND	-69,895.00	
01-31	Dividend Reinvestment	MSM LIQUID ASSET FUND	36,834.00	
01-31	Automatic Investment	MSM LIQUID ASSET FUND	18,876.33	
Closing Balance 1/31			0.27	
Morgan Stanley Dean Witter Fund Summary			5,740,123.76	

YTD	YTD	YTD	Features
Dividends	Cap Gains	Taxes	
19,876.93	0.00	0.00	Reinvest Dividends
19,876.93	0.00	0.00	
Totals			

For Morgan Stanley Dean Witter Mutual Fund Account Information, call 1-800-869-MSMW (6397).

Case 2:08-cv-01567-JAG-MCA Document 1 Filed 03/28/2008 Page 30 of 32

01/13/00 09:42
01/13/2000 09:48 973-9941986

973 9941986

MARIO CRISCITO, M.D.

PAGE 01

**MORGAN STANLEY DEAN WITTER:
SCHWAB TRANSFERRED TO DEAN WITTER
SALOMON SMITH BARNEY
NORTH AMERICAN VENTURE;**

TOTAL:

**\$4,017,942.57
0.00
\$ 798,425.50
\$ 50,000.00
\$ 4,728,067.59**

**INCLUDED IN DEAN WITTER MONIES IS \$98,300.48 OF WHICH
\$8,300.48 IS FOR THE YEAR 1998 CONTRIBUTIONS HOWEVER DCC
PA STILL OWES PENSION PLAN \$28,996.88 FOR THE YEAR 1999.**

**MARIO A. CRISCITO, M.D.
11 CHADWICK ROAD
LIVINGSTON, N.J. 07039**



AT SMITH BARNEY

Preferred Client Consolidation Summary

Page 1 of 19

Ref: 60069026-00000000

416L990072722100000026 307365RM01 RP1FO001A
 DIAGNOSTIC AND CLINICAL
 CARDIOLOGY
 PA MONEY PURCHASE PENSION PLAN
 4/1/76
 11 CHADWICK ROAD
 LIVINGSTON NJ 07039-1903

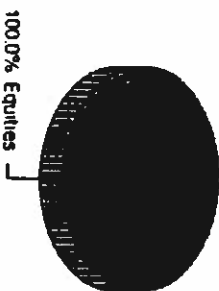
SALOMON SMITH BARNEY INC.
 Your Financial Consultant
 ALLAN YARKIN
 1000 E. HALLANDALE
 BEACH BLVD
 HALLANDALE FL 33009
 954-457-1500
 (800) 232-4454
 Branch: 800-624-0263

Quarterly Summary We have enclosed statements for the following accounts in your consolidated household: "Quarterly Total Value Comparison" and "Year to Date Summary" may contain information for previously existing accounts which have been recently consolidated. Unpriced securities are not included in the "Net Value" columns.

Account Number	Abbreviated Name	Account Type	Net Value Last Period	Net Value This Period	Net Securities Dep/Widwn This Period	Net Capital Dep/Widwn This Period	Total Income This Period	Asset Appreciation This Period	Unrealized Gain or (Loss)	Adjusted YTD Realized Gain or (Loss)
416-3DM33	DIAGNOSTIC AND CLINICAL CARDIOLOGY	PCA	\$ 2,680,336.64	\$ 3,924,549.92	\$ 0.00	\$ 0.00	\$ 26.22	\$ 1,034,183.06	\$ 3,266,556.84	(\$ 63,336.25)
Total			\$ 2,680,336.64	\$ 3,924,549.92	\$ 0.00	\$ 0.00	\$ 26.22	\$ 1,034,183.06	\$ 3,266,556.84	(\$ 63,336.25)

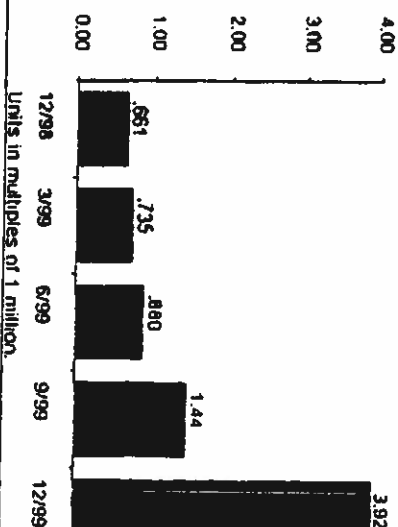
Year to Date Summary	
Beginning total net value as of 12/31/98	\$ 680,949.29
Net security deposits/withdrawals (year to date)	0.00
Net cash deposits/withdrawals (year to date)	5.28
Total income (year to date)	2,206.96
Asset appreciation (year to date)	3,261,386.37
Ending total net value 12/31/99	\$ 3,924,549.92
Year to date total return	3,263,696.36

Current Total Asset Allocation Summary



Cash represents less than 0.6% of total assets.

Quarterly Total Value Comparison



Units in multiples of 1 million.

Case 2:08-cv-01567-JAG-MCA Document 1-2 Filed 03/28/2008 Page 1 of 1

WITMAN STADTMAUER, P.A.
COUNSELLORS AT LAW
26 COLUMBIA TURNPIKE
FLORHAM PARK, N.J. 07932-2246

(973) 822-0220
FACSIMILE
(973) 822-1188
www.wsmasq.com

ONARD J. WITMAN*
ARY D. STADTMAUER*
BARBARA S. MURRAY
EPHEN M. CHARME*
WIS COHN
RA S. SINHA
LIE D. ROSEN*
AINE M. COHEN*
THERINE ROMANIA*
RISTOPHER DeFILIPPIS *

VJ & NY
VJ & FL

March 27, 2008

VIA LAWYERS SERVICE

William T. Walsh, Clerk
United States District Court
District of New Jersey
Martin Luther King Federal Building & U.S. Courthouse
50 Walnut Street
Newark, NJ 07102

08-1567 (WPM)

RECEIVED
U.S. DISTRICT COURT
NEWARK, N.J.
MAR 28 2008

RE: Dr. Fadi Chaaban, et al v. Dr. Mario A. Criscito
File No. 8570-001

Dear Mr. Walsh:

We represent plaintiffs-Trustees of the Diagnostic & Clinical Cardiology, P.A. Profit Sharing Plan in this action.

Please find enclosed an original and two (2) copies of the following pleadings and papers that are submitted for filing: (1) complaint; (2) civil cover sheet; and (3) summons. Please file the enclosed pleadings and documents and return filed copies to our office in the enclosed self-addressed, stamped envelope. We are also enclosing a CD-Rom of the foregoing pleadings and documents. Please find our firm check in the amount of \$350.00 made payable to the Clerk, United States District Court to cover the filing fees. Thank you.

Very truly yours,

Lewis Cohn

LC:km
Enclosures

Case 2:08-cv-01567-JAG-MCA Document 1-308 Filed 03/28/2008 Page 1 of 1

JS 44 (Rev. 12/97, NJ 1/08)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

CHAABAN, Dr. Fadi; TORRE, Dr. Sabino R.,
COSTEAS, Dr. Costantinos A.; and
CASELLA, Dr. Anthony J. as Plan Trustees

(b) County of Residence of First Listed Plaintiff

DEFENDANTS

CRISCITO, Dr. Mario A.

County of Residence of First Listed Defendant

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (if known)

scharme@wsmesq.com

(c) Attorney's (Firm Name, Address, Telephone Number, and Email Address)

Witman Stadtmayer, P.A. (973) 822-0220

26 Columbia Turnpike, Florham Park, NJ 07932

II. BASIS OF JURISDICTION

(Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff☒ 3 Federal Question

(U.S. Government Not a Party)

☐ 2 U.S. Government Defendant☐ 4 Diversity

(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State

PTF

DEF

Incorporated or Principal Place of Business in This State

Citizen of Another State

☐ 2☐ 2

Incorporated and Principal Place of Business in Another State

Citizen or Subject of a Foreign Country

☐ 3☐ 3

Foreign Nation

IV. NATURE OF SUIT

(Place an "X" in One Box Only)

CONTRACT

- ☐ 110 Insurance
☐ 120 Marine
☐ 130 Miller Act
☐ 140 Negotiable Instrument
☐ 150 Recovery of Overpayment & Enforcement of Judgment
☐ 151 Medicare Act
☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)
☐ 153 Recovery of Overpayment of Veteran's Benefits
☐ 160 Stockholders' Suits
☐ 190 Other Contract
☐ 195 Contract Product Liability
☐ 196 Franchise

REAL PROPERTY

- ☐ 210 Land Condemnation
☐ 220 Foreclosure
☐ 230 Rent Lease & Ejectment
☐ 240 Torts to Land
☐ 245 Tort Product Liability
☐ 290 All Other Real Property

TORTS**PERSONAL INJURY**

- ☐ 310 Airplane
☐ 315 Airplane Product Liability
☐ 320 Assault, Libel & Slander
☐ 320 Federal Employers' Liability
☐ 340 Marine
☐ 345 Marine Product Liability
☐ 350 Motor Vehicle
☐ 355 Motor Vehicle Product Liability
☐ 360 Other Personal Injury

CIVIL RIGHTS

- ☐ 411 Voting
☐ 442 Employment
☐ 443 Housing Accommodations
☐ 444 Welfare
☐ 445 Amer. w/Disabilities - Employment
☐ 446 Amer. w/Disabilities - Other
☐ 448 Other Civil Rights

PERSONAL INJURY

- ☐ 362 Personal Injury - Med Malpractice
☐ 365 Personal Injury - Product Liability
☐ 368 Asbestos Personal Injury Product Liability
☐ 370 Other Fraud
☐ 371 Truth in Lending
☐ 380 Other (Personal)
☐ 383 Property Damage
☐ 385 Property Damage Product Liability

PRISONER PETITIONS

- ☐ 510 Motions to Vacate Sentence
☐ Habeas Corpus:
☐ 530 General
☐ 535 Death Penalty
☐ 540 Mandamus & Other
☐ 550 Civil Rights
☐ 555 Prison Condition

FORFEITURE/PENALTY

- ☐ 610 Agriculture
☐ 620 Other Food & Drug
☐ 625 Drug Related Seizure of Property 21 USC 881
☐ 630 Liquor Laws
☐ 640 R.R. & Truck
☐ 650 Airline Regs.
☐ 660 Occupational Safety/Health
☐ 690 Other

LABOR

- ☐ 710 Fair Labor Standards Act
☐ 720 Labor/Mgmt. Relations
☐ 730 Labor/Mgmt. Reporting & Disclosure Act
☐ 740 Railway Labor Act
☐ 790 Other Labor Litigation
☒ 791 Empl. Ret. Inc. Security Act

IMMIGRATION

- ☐ 462 Naturalization Application
☐ 463 Habeas Corpus - Alien Detainee
☐ 465 Other Immigration Actions

BANKRUPTCY

- ☐ 422 Appeal 28 USC 158
☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS

- ☐ 820 Copyrights
☐ 830 Patent
☐ 840 Trademark

SOCIAL SECURITY

- ☐ 861 IIIA (1395ff)
☐ 862 Black Lung (923)
☐ 863 DIWC/DIWW (405(g))
☐ 864 SSID Title XVI
☐ 865 RSI (405(u))

FEDERAL TAX SUITS

- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES

- ☐ 400 State Reapportionment
☐ 410 Antitrust
☐ 430 Banks and Banking
☐ 450 Commerce
☐ 460 Deportation
☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 480 Consumer Credit
☐ 490 Cable/Sat TV
☐ 810 Selective Service
☐ 850 Securities/Commodities Exchange
☐ 875 Customer Challenge 12 USC 3410
☐ 890 Other Statutory Actions
☐ 891 Agricultural Acts
☐ 892 Economic Stabilization Act
☐ 893 Environmental Matters
☐ 894 Energy Allocation Act
☐ 895 Freedom of Information Act
☐ 900 Appeal of Fee Determination Under Equal Access to Justice
☐ 950 Constitutionality of State Statutes

V. ORIGIN

(Place an "X" in One Box Only)

☒ 1 Original Proceeding☐ 2 Removed from State Court☐ 3 Remanded from Appellate Court☐ 4 Reinstated or Reopened☐ 5 Transferred from another district (specify)☐ 6 Multidistrict Litigation☐ 7 Appeal to District Judge from Magistrate Judgment**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

29 U.S.C. 1331 and 1332(e)(1) and (f)

Brief description of cause:

29 USC 409 Breach of fiduciary duty under ERISA

VII. REQUESTED IN COMPLAINT:☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND\$

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☐ No**VIII. RELATED CASE(S)**

(See instructions):

JUDGE

DOCKET NUMBER

Explanation:

3/27/08

WITMAN STADTMAYER, P.A.

SIGNATURE OF ATTORNEY OF RECORD
Stephen N. Scharme

DATE

EXHIBIT 2

The Saint Barnabas Physician Partnership Health Plan Trust

FEID: 43-1988315

Federal Form 990, Part V

For the Year Ended October 31, 2004

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Mario Criscito, M.D. 5 Franklin Avenue, Suite 502 Belleville, NJ 07109	Chairman - Trustee	1-5 per week or as needed	None	None	None
Annette Catino 242 Old New Brunswick Road Piscataway, NJ 08854	Treasurer - Trustee	1-5 per week or as needed	None	None	None
Barry H. Ostrowsky, Esq. 95 Old Short Hills Road West Orange, NJ 07052	Trustee	1-5 per week or as needed	None	None	None

STATEMENT 4

EXHIBIT 3

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning **11/01, 2004, and ending 10/31/2005**

B Check if applicable:

☒ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

C Name of organization **THE SAINT BARNABAS PHYSICIAN PARTNERSHIP HEALTH PLAN TRUST**

Number and street (or P O box if mail is not delivered to street address) Room/suite

30 KNIGHTSBRIDGE ROAD

City or town, state or country, and ZIP + 4

PISCATAWAY, NJ 08854

D Employer identification number
43-1969315

E Telephone number
(792) 981-7930

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates: ☐

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number: ☐

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: **▶ N/A**

J Organization type (check only one): ☒ 501(c)(3) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 8b, 8b, 9b, and 10b to line 12: **4,749,178.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a		
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (attach schedule if noncash)	1d		
2 Program service revenue including government fees for contracts (from Part VII, line 93)	2	4,723,214.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	24,964.	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe):	7		
8a Gross amount from sales of assets other than inventory	(A) Securities 8a	(B) Other 8b	
b Less cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,749,178.	
13 Program services (from line 44, column (B))	13	4,431,111.	
14 Management and general (from line 44, column (C))	14		
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	4,431,111.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	317,067.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	733,676.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,050,743.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

JSA
4E1010 1 000

32763B U600

V04-8

H P

THE SAINT BARNABAS PHYSICIAN

43-1968315

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BARRY H. OSTROWSKY, ESQ. 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	PRESIDENT - TRUSTEE 1-5 PER WK	NONE	NONE	NONE
MARIO CRISCITO, M.D. 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	VICE PRES. - TRUSTEE 1-5 PER WK	NONE	NONE	NONE
ANNETTE CATINO 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	TREASURER - TRUSTEE 1-5 PER WK	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

32763B U600

V04-8

STATEMENT 5

EXHIBIT 4

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue ServiceA For the 2005 calendar year, or tax year beginning 11/01, 2005, and ending 12/31/2005

B Check if applicable:

☒ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

C Name of organization **THE SAINT BARBARAS PHYSICIAN PARTNERSHIP HEALTH PLAN TRUST**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
30 KNIGHTSBRIDGE ROAD

City or town, state or country, and ZIP + 4
PISCATAWAY, NJ 08854

D Employer identification number
43-1968315

E Telephone number
(792) 981-7930

F Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ N/AJ Organization type (check only one) ☒ 501(c)(3) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group return? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 8b, 8c, 9b, and 10b to line 12 ▶ **970,267.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	
2	Program service revenue including government fees and contracts (from Part VII, line 03)	2	961,052.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	9,215.
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe ▶)	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	9d	
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	970,267.
13	Program services (from line 44, column (B))	13	839,422.
14	Management and general (from line 44, column (C))	14	
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 13 and 14, column (A))	17	839,422.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	130,845.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,050,743.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,181,588.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

JSA
SE 1010 2 000

32763B 0600

V05-6.5

RECEIVED
SEP 25 2006
OGDEN, UT

5

THE SAINT BARNABAS PHYSICIAN

43-1968315

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BARRY H. OSTROWSKY, ESQ. 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	PRESIDENT - TRUSTEE 1-5 PER WK	NONE	NONE	NONE
MARIO CRISCITO, M.D. 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	VICE PRES. - TRUSTEE 1-5 PER WK	NONE	NONE	NONE
ANNETTE CATINO 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	TREASURER - TRUSTEE 1-5 PER WK	NONE	NONE	NONE
	GRAND TOTALS	NONE	NONE	NONE

32763B U600

V05-6.5

STATEMENT 4

EXHIBIT 5

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service**A** For the 2006 calendar year, or tax year beginning 2006, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SAINT BARBARAS PHYSICIAN PARTNERSHIP HEALTH PLAN TRUST Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 KNIGHTSBRIDGE ROAD City or town, state or country, and ZIP + 4 PISCATAWAY, NJ 08854	D Employer identification number 42-1969315
	E Telephone number (732) 981-7930	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	G Website: ▶ N/A	
	H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(d) Is this a separate return filed by an organization covered by a group report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Organization type (check only one) ☒ 501(c)(3) ☐ 501(c)(29) ☐ 501(c)(28) ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 6c, 6d, and 10b to line 12 ▶

6,396,150.

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b		
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash & noncash)	1e		
	2 Program service revenue including government fees and contracts (from Part VII, line 03)	2		6,339,043.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		57,107.
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7 Other investment income (describe) ▶	7		
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a Gross sales of inventory, returns, and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11 Other revenue (from line 44, column (C))	11		
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		6,396,150.
	13 Program expenses (from line 44, column (B))	13		6,922,431.
	14 Management and general (from line 44, column (C))	14		
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 13 and 14, column (A)	17		6,922,431.
Excess or (deficit)	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-526,281.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,181,589.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		655,307.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

THE SAINT BARNABAS PHYSICIAN

43-1968315

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BARRY K. OSTROWSKY, ESQ. 30 KNIGHTSBRIDGE ROAD PISCATAWAY, NJ 08854	PRESIDENT - TRUSTEE 3.00	NONE	NONE	NONE

PLEASE REFER TO THE SAINT BARNABAS CORPORATION FORM 990 FOR THE COMPENSATION AND EMPLOYEE BENEFIT PLAN CONTRIBUTION AMOUNTS OF THE PRESIDENT - TRUSTEE OF THIS ORGANIZATION.

MARIO CRISCITO, M.D.
30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08854

VP - TRUSTEE
3.00

NONE NONE NONE

ANNETTE CATINO
30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08854

TREASURER - TRUSTEE
3.00

NONE NONE NONE

GRAND TOTALS

NONE NONE NONE

EXHIBIT 6

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2007Department of the Treasury
Internal Revenue Service**A** For the **2007** calendar year, or tax year beginning **01/01/2007**, and ending **01/01/2007**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☒ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or post or type See Specific Instructions

C Name of organization **THE SAINT BARNABAS PHYSICIAN PARTNERSHIP HEALTH PLAN TRUST**Number and street (or P O box if mail is not delivered to street address) Room/suite
30 KNIGHTBRIDGE ROADCity or town, state or country, and ZIP + 4
PISCATAWAY, NJ 08854**D** Employer identification number
43-1968315**E** Telephone number
(792) 981-7930**F** Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ -- ☐ --**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No**H(d)** Is this a separate return filed by an organization covered by a group return? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c)(3) ☐ 501(c)(29) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 501(c)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts. Add lines 6a, 8b, 9b, and 10b to line 12 ▶**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ noncash \$)	1e		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		
6 a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe ▶)	7		
8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
b	Less: cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, and 11	12		
13	Program services (from line 44, column (B))	13		None
14	Management and general (from line 44, column (C))	14		
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17		None
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		None
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		655,307
20	Other changes in net assets or fund balances (attach explanation)	20		-655,307
21	Net assets or fund balances at end of year. Combine lines 19, 20, and 20	21		

RECEIVED
NOV 17 2008
OGDEN, UT

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

JSA
7E1010 2 000

32763B 765E

AP

3

5

THE SAINT BARBARAS PHYSICIAN

43-1968315

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
------------------	--	--------------	---	-----------------------------------

BARRY E. OSTROWSKY, ESQ.
30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08854

PRESIDENT - TRUSTEE

NONE

NONE

NONE

PLEASE REFER TO THE SAINT BARBARAS CORPORATION FORM 990 FOR THE
COMPENSATION AND EMPLOYEE BENEFIT PLAN CONTRIBUTION AMOUNTS OF THE
PRESIDENT - TRUSTEE OF THIS ORGANIZATION.

MARIO CRISCITO, M.D.
30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08854

VP - TRUSTEE

NONE

NONE

NONE

PLEASE REFER TO THE CLARA MAAS MEDICAL CENTER FORM 990 FOR THE
COMPENSATION AND EMPLOYEE BENEFIT PLAN CONTRIBUTION AMOUNTS OF THE VP -
TRUSTEE OF THIS ORGANIZATION.

ANNETTE CATINO
30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08854

TREASURER - TRUSTEE

NONE

NONE

NONE

GRAND TOTALS

NONE

NONE

NONE

32763B 765H

18

STATEMENT 6

EXHIBIT 7

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2002Department of the Treasury
Internal Revenue Service**A For the 2002 calendar year, or tax year beginning****2002, and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization**SATYI BAHAMAS CORPORATION**

Number and street (or P O box if mail is not delivered to street address)

Room/suite

95 OLD SHORT HILLS ROAD

City or town, state or country, and ZIP + 4

WEST ORANGE, NJ 07052**D Employer identification number****22-2405279****E Telephone number****(973) 322-4254**

☐ Accounting method ☐ Cash ☒ Accrual
☐ Other (describe) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) If "Yes" enter number of affiliates** ▶**H(c) Are all affiliates included?** (If "No," attach a list. See instructions.) ☐ Yes ☐ No**H(d) Is this a separate return filed by an organization covered by a group return?** ☐ Yes ☒ No**I Enter 4-digit GEM** ▶**M Check** ☒ **if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)****G Web site** **PWY SERVICES.COM****J Organization type (check only one)** ☒ **501(c)(3)** ☐ **501(c)(29)** ☐ **4947(a)(1) or** ☐ **527****K Check here** ☐ **if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.****L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12** ▶**29,280,364****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

1	Contributions, gifts, grants, and similar amounts received	23,427	1	
a	Direct public support		1a	
b	Indirect public support		1b	20,225,073
c	Government contributions (grants)		1c	
d	Total (add lines 1a through 1c) (cash or noncash)	20,225,073	1d	20,225,073
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
3	Membership dues and assessments		3	
4	Interest on savings and temporary cash investments		4	244,485
5	Dividends and interest from securities		5	1,817,491
6a	Gross rents		6a	
b	Less: rental expenses		6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7	Other investment income (describe) STATE 3		7	-1,006,685
8a	Gross amount from sales of assets other than inventory		8a	
b	Less: cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
9	Special events and activities (attach schedule)			
a	Gross revenue (not including 3 of contributions reported on line 1a)		9a	
b	Less: direct expenses other than fundraising expenses		9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
10a	Gross sales of inventory less returns and allowances		10a	
b	Less: cost of goods sold		10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11	Other revenue (from Part VII, line 103)		11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	29,280,364
13	Program services (from line 44, column (B))		13	28,483,293
14	Management and general (from line 44, column (C))		14	3,164,810
15	Fundraising (from line 44, column (D))		15	
16	Payments to affiliates (attach schedule)		16	
17	Total expenses (add lines 13 and 14, column (A))		17	31,648,103
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-2,367,739
19	Net assets or fund balances at beginning of year (from line 20, column (A))		19	18,577,000
20	Other changes in net assets or fund balances (attach explanation)		20	-31,090,821
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	-14,891,560

RECEIVED
NOV 3 1 2003
CODEN, UT

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

FILED OCT 15 03

FILED

JSA 281010 1 000

Saint Bernabes Corporation
FEID 22-2408278

For the Year Ended December 31, 2002

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Ronald J Del Mauro *	President/CEO	1-40 per week or as needed	None	None	None
Albert R Gampier, Jr	Chairman - Trustee	1-5 per week or as needed	None	None	None
Vincent J Apruzzese, Esq	Vice Chairman - Trustee	1-5 per week or as needed	None	None	None
Thomas F Keltner, Esq	Vice Chairman - Trustee	1-5 per week or as needed	None	None	None
Harold E Kennedy	Secretary - Trustee	1-5 per week or as needed	None	None	None
Richard J Kogan	Treasurer - Trustee	1-5 per week or as needed	None	None	None
Doris L Beck	Trustee	1-5 per week or as needed	None	None	None
Marc E Benson	Trustee	1-5 per week or as needed	None	None	None
Joseph Buchelew	Trustee	1-5 per week or as needed	None	None	None
John S Chubbly	Trustee	1-5 per week or as needed	None	None	None
Alano A Cracolo, M D	Trustee	1-5 per week or as needed	None	None	None
Alan E Davis Esq	Trustee	1-5 per week or as needed	None	None	None
John A Ernst III	Trustee	1-5 per week or as needed	None	None	None
Herbert Glast	Trustee	1-5 per week or as needed	None	None	None
Leroy J Herbert	Trustee	1-5 per week or as needed	None	None	None
John N Hopkins	Trustee	1-5 per week or as needed	None	None	None
Stephen V Lins Jr	Trustee	1-5 per week or as needed	None	None	None
Gary Lolano	Trustee	1-5 per week or as needed	None	None	None
Robert Maritz	Trustee	1-5 per week or as needed	None	None	None
William B McGuire Esq	Trustee	1-5 per week or as needed	None	None	None
John P Meyerholz	Trustee	1-5 per week or as needed	None	None	None
Richard O'Neil	Trustee	1-5 per week or as needed	None	None	None
Benny H Ostrowsky, Esq *	Trustee	1-5 per week or as needed	None	None	None
Mark D Pitts *	Exec VP/General Counsel	1-40 per week or as needed	None	None	None
Kenneth A Rosen Esq	Executive VP - Trustee	1-40 per week or as needed	None	None	None
Raymond F Shea Jr Esq	Trustee	1-5 per week or as needed	None	None	None
David Schol	Trustee	1-5 per week or as needed	None	None	None
Morton A Segler	Trustee	1-5 per week or as needed	None	None	None
Daniel J Vitale CPA	Trustee	1-5 per week or as needed	None	None	None

All officers directors and trustees can be reached at the following address

c/o Saint Bernabes Corporation
95 Old Short Hills Road
West Orange NJ 07052

* See attached statement

EXHIBIT 8

Form **990****Return of Organization Exempt From Income Tax**OMB No. 1545-0047
2003Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2003 calendar year, or tax year beginning

2003, and ending

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

C Name of organization
SAINT BARBARA CORPORATION

Number and street (or P O box if mail is not delivered to street address) Room/suite
25 OLD SHORT HILLS ROAD

City or town, state or country, and ZIP + 4
WILST. CRANES, NJ 07052

D Employer identification number
22-2405279**E** Telephone number**(973) 322-4045**

F Accounting method: ☐ Cash ☒ Accrual

☐ Other (describe) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group return? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website ▶ **WWW.SBRCES.COM****J** Organization type (check only one) ☒ 501(c)(3) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 6c, 6d, and 10b to line 12 ▶**94,088,939.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)**

1	Contributions, gifts, grants, and similar amounts received \$236T 1		
a	Direct public support	1a	
b	Indirect public support	1b	84,532,700.
c	Government contributions (grants)	1c	5,000,000.
d	Total (add lines 1a through 1c) (cash 89,532,700. noncash 5)	1d	89,532,700.
2	Program service revenue including government fees and contracts (from Part VII, line 83)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	4,241,315.
5	Dividends and interest from securities	5	32,789.
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (combine lines 6a and 6b)	6c	
7	Other investment income or (loss) (attach schedule) (from line 6c)	7	282,135.
8a	Gross amount from sales of assets other than inventory	8a	
b	Less cost or other basis and selling expenses	8b	
c	Gain or (loss)	8c	
d	Net gain or (loss) (combine line 8c; columns (A) and (B))	8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including 5 of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	94,088,939.
13	Program services (from line 44, column (B))	13	81,625,401.
14	Management and general (from line 44, column (C))	14	9,059,480.
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	90,684,891.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,404,047.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-14,881,560.
20	Other changes in net assets or fund balances (attach explanation) STATE 6 STATE 7	20	-38,990,857.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-50,468,370.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

COPIED DEC 03 2004

Saint Barnabas Corporation
FEID: 22-2406278

For the Year Ended December 31, 2003

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Ronald J. Del Mauro *	President/CEO - Trustee	1-70 per week or as needed	None	None	None
Barry H. Ostrowsky, Esq. *	Exec. VP/General Counsel	1-60 per week or as needed	None	None	None
Mart D. Pitts *	Executive VP - Trustee	1-60 per week or as needed	None	None	None
Albert R. Ganper, Jr.	Chairman - Trustee	1-5 per week or as needed	None	None	None
Vincent J. Apuzzese, Esq.	Vice Chairman - Trustee	1-5 per week or as needed	None	None	None
Thomas F. Kelsner, Esq.	Vice Chairman - Trustee	1-5 per week or as needed	None	None	None
Richard O'Neill	Secretary - Trustee	1-5 per week or as needed	None	None	None
Richard J. Kogan	Treasurer - Trustee	1-5 per week or as needed	None	None	None
Doris L. Beck	Trustee	1-5 per week or as needed	None	None	None
Marc E. Benson	Trustee	1-5 per week or as needed	None	None	None
Joseph Bucklew	Trustee	1-5 per week or as needed	None	None	None
John S. Chetley	Trustee	1-5 per week or as needed	None	None	None
Mario A. Crucio, M.D.	Trustee	1-5 per week or as needed	None	None	None
Alan E. Davis, Esq.	Trustee	1-5 per week or as needed	None	None	None
Kathleen Dunn	Trustee	1-5 per week or as needed	None	None	None
John A. Ernst, III	Trustee	1-5 per week or as needed	None	None	None
Herbert Giall	Trustee	1-5 per week or as needed	None	None	None
LaRoy J. Herbert	Trustee	1-5 per week or as needed	None	None	None
John N. Hopkins	Trustee	1-5 per week or as needed	None	None	None
Harold E. Kennedy	Trustee	1-5 per week or as needed	None	None	None
Stephen V. Lane, Jr.	Trustee	1-5 per week or as needed	None	None	None
George Lauenberg	Trustee	1-5 per week or as needed	None	None	None
Gary Lozano	Trustee	1-5 per week or as needed	None	None	None
Robert Marks	Trustee	1-5 per week or as needed	None	None	None
William B. McGurn, Esq.	Trustee	1-5 per week or as needed	None	None	None
John P. Meyerholz	Trustee	1-5 per week or as needed	None	None	None
Peter Norcia	Trustee	1-5 per week or as needed	None	None	None
Kenneth A. Rosen, Esq.	Trustee	1-5 per week or as needed	None	None	None
Raymond F. Shea, Jr., Esq.	Trustee	1-5 per week or as needed	None	None	None
David Seidel	Trustee	1-5 per week or as needed	None	None	None
Morton A. Siegler	Trustee	1-5 per week or as needed	None	None	None
Daniel J. Viale, C.P.A.	Trustee	1-5 per week or as needed	None	None	None

* See attached statement

All officers, directors and trustees can be reached at the following address

c/o Saint Barnabas Corporation
95 Old Short Hills Road
West Orange, NJ 07062

EXHIBIT 9

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue Service**A** For the 2004 calendar year, or tax year beginning

2004, and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

C Name of organization
SAINT BARBARAS CORPORATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
25 OLD SHORT HILLS ROAD

City or town, state or country, and ZIP + 4
WEST ORANGE, NJ 07052

D Employer identification number
22-2405272

E Telephone number
(973) 322-4045

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates: **2**

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No

H(d) Is this a separate return filed by an organization covered by a group return? ☐ Yes ☒ No

I Group Exemption Number: **2**

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.SBHC.COM**

J Organization type (check only one): ☒ 501(c)(3) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6a, 6b, 6c, and 10b to line 12: **103,720,001.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received: STATE 1		
a	Direct public support	1a	
b	Indirect public support	1b	94,462,458.
c	Government contributions (grants)	1c	3,000,000.
d	Total (add lines 1a through 1c) (attach S 27,462,458. noncash S 2)	1d	97,462,458.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,099,068.
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	5,064,147.
5	Dividends and interest from securities	5	4,532.
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe: STATE 5)	7	89,796.
8a	Gross amount of sales of inventory (attach schedule)	8a	
b	Less: cost of goods sold	8b	
c	Gross profit or (loss) from sales of inventory (attach schedule)	8c	
d	Net gain or (loss) from sales of inventory (combine lines 8a and 8b)	8d	
9	Special events revenue (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (net fundraising contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	103,720,001.
13	Program services (from line 44, column (B))	13	88,746,082.
14	Management and general (from line 44, column (C))	14	9,860,677.
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 13 and 14, column (A))	17	98,606,759.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	5,113,242.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-50,468,370.
20	Other changes in net assets or fund balances (attach explanation) STATE 6 STATE 7	20	-20,665,872.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-66,021,000.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2004)

Saint Barnabas Corporation
 FEID- 22-2406279
 Federal Form 990, Part V
 For the Year Ended December 31, 2004

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Ronald J Del Mauro	President/CEO - Trustee	1-70 per week or as needed	None	None	None
Berry H Oskowsky, Esq.	Exec. VP/General Counsel	1-70 per week or as needed	None	None	None
Mark D Pitts	Executive VP - Trustee	1-70 per week or as needed	None	None	None
Albert R Gampert, Jr	Chairman - Trustee	1-5 per week or as needed	None	None	None
Vincent J Apruzzese, Esq	Vice Chairman - Trustee	1-5 per week or as needed	None	None	None
Thomas F Kasher, Esq	Vice Chairman - Trustee	1-5 per week or as needed	None	None	None
Richard O'Neill	Secretary - Trustee	1-5 per week or as needed	None	None	None
Richard J Kogan	Treasurer - Trustee	1-5 per week or as needed	None	None	None
Doris L Beck	Trustee	1-5 per week or as needed	None	None	None
Marc E Benson	Trustee	1-5 per week or as needed	None	None	None
Joseph Bucklew	Trustee	1-5 per week or as needed	None	None	None
John S Chelsky	Trustee	1-5 per week or as needed	None	None	None
Memo A Criscto M D	Trustee	1-5 per week or as needed	None	None	None
Alan E Oawa, Esq	Trustee	1-5 per week or as needed	None	None	None
Kathleen Dunn	Trustee	1-5 per week or as needed	None	None	None
John A Ernst, III	Trustee	1-5 per week or as needed	None	None	None
John Foreman	Trustee	1-5 per week or as needed	None	None	None
Herbert Galt	Trustee	1-5 per week or as needed	None	None	None
LeRoy J Herbert	Trustee	1-5 per week or as needed	None	None	None
John N Hopkins	Trustee	1-5 per week or as needed	None	None	None
Harold E Kennedy	Trustee	1-5 per week or as needed	None	None	None
Stephen V Lane, Jr	Trustee	1-5 per week or as needed	None	None	None
George Laufenberg	Trustee	1-5 per week or as needed	None	None	None
Gary Lolano	Trustee	1-5 per week or as needed	None	None	None
Robert Marks	Trustee	1-5 per week or as needed	None	None	None
William B McGure, Esq	Trustee	1-5 per week or as needed	None	None	None
John P Meyerholz	Trustee	1-5 per week or as needed	None	None	None
Peter Norris	Trustee	1-5 per week or as needed	None	None	None
Kenneth A Rosen, Esq	Trustee	1-5 per week or as needed	None	None	None
Raymond F Shea, Jr, Esq	Trustee	1-5 per week or as needed	None	None	None
David Schul	Trustee	1-5 per week or as needed	None	None	None
Morton A Singer	Trustee	1-5 per week or as needed	None	None	None
Daniel J Vitale, C P A	Trustee	1-5 per week or as needed	None	None	None

* See attached statement 17a

All officers, directors and trustees can be reached at the following address.

c/o Saint Barnabas Corporation
 66 Old Short Hills Road
 West Orange, NJ 07052

EXHIBIT 10

Form **990**Department of the
Treasury
Internal Revenue
Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization
SAINT BARNABAS CORPORATIONNumber and street (or P.O. box if mail is not delivered to street address): Room/suite
95 OLD SHORT HILLS ROADCity or town, state or country, and ZIP + 4
WEST ORANGE, NJ 07052**D** Employer identification number
22-2405279**E** Telephone number
(973) 322-4045**F** Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ▶▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).**G** Web site ▶ WWW.SBHCS.COM**J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization received a Form 990 Package in
the mail, it should file a return without financial data. Some states require a complete return.**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 108,180,373**M** Check ☐ if the organization is not required to
attach Sch. B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a				
b Indirect public support	1b		103,013,797		
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 103,013,797 noncash \$)	1d			103,013,797	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			5,007,333	
5 Dividends and interest from securities	5			4,632	
6a Gross rents	6a				
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶)	7			154,611	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
b Less cost or other basis and sales expenses	8a				
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			108,180,373	
13 Program services (from line 44, column (B))	13			274,851,809	
14 Management and general (from line 44, column (C))	14			30,539,090	
15 Fundraising (from line 44, column (D))	15				
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17			305,390,899	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-197,210,526	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			-66,021,000	
20 Other changes in net assets or fund balances (attach explanation)	20			-50,965,474	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			-314,197,000	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:











(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOSEPH BUCKELEW  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
JOHN S CHALSTY  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
MARIO A CRISCITO M D  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
ALAN E DAVIS ESQ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
KATHLEEN DUNN  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	INVITEE 3	0	0	0
JOHN A ERNST III  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
HERBERT GLATT  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
LEROY J HERBERT  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
JOHN N HOPKINS  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0
HAROLD E KENNEDY  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3	0	0	0

EXHIBIT 11

Form **990** **Return of Organization Exempt From Income Tax** OMB No 1545-0047
 2006
 Department of the Treasury Internal Revenue Service
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☒ Amended return
☐ Application pending

C Name of organization: SAINT BARNABAS CORPORATION
 Number and street (or P.O. box if mail is not delivered to street address): 95 OLD SHORT HILLS ROAD
 City or town, state or country, and ZIP + 4: WEST ORANGE, NJ 07052

D Employer identification number: 22-2405279
E Telephone number: (973) 322-4048
F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

G Web site: WWW.SBNCS.COM

H Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Organization type (check only one): ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

K Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 120,585,360

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c	106,950,982	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 106,950,982 noncash \$)	1e	106,950,982	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	5,867,904	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	5,516,474	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
c	Net rental income or (loss) subtract line 6b from line 6a	6c			
7	Other investment income (describe)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8b	2,250,000	
	c	Gain or (loss) (attach schedule)	8c	2,250,000	
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d	2,250,000	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	120,585,360		
Net Assets	13	Program services (from line 44, column (B))	13	135,208,733	
	14	Management and general (from line 44, column (C))	14	15,023,191	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 13 and 14, column (A)	17	150,231,924	
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	-29,646,564	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-314,197,000	
	20	Other changes in net assets or fund balances (attach explanation)	20	51,916,825	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	-291,926,739	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:











(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARIO A CRISCITO MD  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
ALAN E DAVIS ESQ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
JOHN A ERNST III  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
HERBERT GLATT  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
LEROY J HERBERT  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
JOHN N HOPKINS  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
THEODORE A JAKUBOWSKI ED D  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	INVITEE 3 0	0	0	0
HAROLD E KENNEDY  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
STEPHEN V LANE JR  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
GARY LOTANO  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0

EXHIBIT 12

Form 990
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 OMB No 1545-0047
2007
 Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization: SAINT BARNABAS CORPORATION
 Number and street (or P.O. box if mail is not delivered to street address): 95 OLD SHORT HILLS ROAD
 City or town, state or country, and ZIP + 4: WEST ORANGE, NJ 07052

D Employer identification number: 22-2405279
E Telephone number: (973) 322-4045
F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify):

G Web sites: WWW.SBHCS.COM

H Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Organization type (check only one): ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Check here ☐ if the organization is not a 501(c)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

K H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes" enter number of affiliates:
H(c) Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 137,831,326
M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)									
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Contributions to donor advised funds	1a						
	b	Direct public support (not included on line 1a)	1b						
	c	Indirect public support (not included on line 1a)	1c						
	d	Government contributions (grants) (not included on line 1a)	1d				152,981		
	e	Total (add lines 1a through 1d) (cash \$ 152,981 noncash \$)	1e					152,981	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)							2 129,720,174
	3	Membership dues and assessments							3
	4	Interest on savings and temporary cash investments							4 7,941,749
	5	Dividends and interest from securities							5
Revenue	6a	Gross rents	6a						
	b	Less rental expenses	6b						
	c	Net rental income or (loss) subtract line 6b from line 6a	6c						
	7	Other investment income (describe:)							7 16,422
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other			
	b	Less cost or other basis and sales expenses	8b						
	c	Gain or (loss) (attach schedule)	8c						
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d						
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>							
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a						
Revenue	b	Less direct expenses other than fundraising expenses	9b						
	c	Net income or (loss) from special events Subtract line 9b from line 9a	9c						
	10a	Gross sales of inventory, less returns and allowances	10a						
	b	Less cost of goods sold	10b						
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c						
	11	Other revenue (from Part VII, line 103)							11
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11							12 137,831,326
Expenses	13	Program services (from line 44, column (B))							13 134,308,180
	14	Management and general (from line 44, column (C))							14 14,923,181
	15	Fundraising (from line 44, column (D))							15
	16	Payments to affiliates (attach schedule)							16
	17	Total expenses Add lines 16 and 44, column (A)							17 149,231,361
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12							18 -11,400,035
	19	Net assets or fund balances at beginning of year (from line 73, column (A))							19 -291,926,739
	20	Other changes in net assets or fund balances (attach explanation)							20 20,863,774
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20							21 -282,463,000

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:











(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARIO A CRISCITO MD  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
ALAN E DAVIS ESQ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
ALAN HELFMAN MD  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
GARY LOTANO  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
WILLIAM B MCGUIRE ESQ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
JOHN P MEYERHOLZ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
KENNETH A ROSEN ESQ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
RAYMOND F SHEA JR ESQ  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
JAMES VACCARO  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0
DANIEL J VITALE CPA  95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	TRUSTEE 3 0	0	0	0

EXHIBIT 13

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2008 Open to Public Inspection
A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAINT BARNABAS CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 95 OLD SHORT HILLS ROAD City or town, state or country, and ZIP + 4 WEST ORANGE, NJ 07052	D Employer identification number 22-2498279 E Telephone number (732) 923-8072 F Gross receipts \$ 123,243,377
F Name and address of Principal Officer RONALD J DEL MAURO 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.) H(c) Group Exemption Number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) (4) (must be) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Web site: WWW.SBNCS.COM		K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other L Year of formation 1982 M State of legal domicile NJ

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS THE PARENT ENTITY OF THE SAINT BARNABAS HEALTH CARE SYSTEM AND ITS AFFILIATES, A TAX-EXEMPT NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of employees (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0
	7b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	152,981
	9	Program service revenue (Part VIII, line 2g)	129,720,174
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,958,171
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	137,631,326
	12b	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,243,377
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	16b	(Total fundraising expenses, Part IX, column (D), line 25)	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	149,231,361
	18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	149,231,361
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	-11,400,035
	20	Total assets (Part X, line 16)	924,841,030
	21	Total liabilities (Part X, line 26)	1,207,304,030
	22	Net assets or fund balances Subtract line 21 from line 20	-282,463,000
	22b	Net assets or fund balances Subtract line 21 from line 20	-377,006,000

Part III Signature Block	
Under penalties of perjury, I declare that I have examined this return, including attachments and all information furnished, and I believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.	
Please Sign Here	Signature of officer THOMAS G SCOTT CPA SENIOR VP FINANCE/CFO Type or print name and title
Paid Preparer's Use Only	Preparer's signature <input checked="" type="checkbox"/> SCOTT J MARJANI Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 WITHUMSPETHBROWN PC 465 SOUTH STREET SUITE 200 MORRISTOWN, NJ 07960-0947
	May the IRS discuss this return with the preparer shown above? (See instructions)

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- In Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.
- ☒ Check the box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest Compensated Employee			
ALBERT R. CAMPOS JR., CHAIRMAN - TRUSTEE	3.0	X		X			0	0	0
VINCENT J. APRILIZZI ESQ., VICE CHAIRMAN - TRUSTEE	3.0	X		X			0	0	0
THOMAS F. RELANDER, VICE CHAIRMAN - TRUSTEE	2.0	X		X			0	0	0
RICHARD J. KOSINSKI, VICE CHAIRMAN - TRUSTEE	3.0	X		X			0	0	0
RICHARD GRIFFIN, VICE CHAIRMAN - TRUSTEE	3.0	X		X			0	0	0
MARC E. BERSON, TRUSTEE	2.0	X					0	0	0
JOSEPH BLICKENSTEIN, TRUSTEE	3.0	X					0	0	0
MARIO A. CRIVELLO MD, TRUSTEE	3.0	X					0	123,340	2,743
ALAN E. DAVIS ESQ., TRUSTEE	3.0	X					0	0	0
RONALD J. DEL MAURO, TRUSTEE - PRESIDENT/CEO	55.0	X		X			0	3,007,070	560,167
ALAN S. HELFMAN MD, TRUSTEE	3.0	X					0	30,000	2,743
GARY LOTANO, TRUSTEE	3.0	X					0	0	0
JOSEPH MAJUMDAR, TRUSTEE	3.0	X					0	0	0
WILLIAM B. RICHARDS ESQ., TRUSTEE	3.0	X					0	0	0
JOHN P. RYERHOLZ, TRUSTEE	3.0	X					0	0	0
KENNETH A. ROSEN ESQ., TRUSTEE	3.0	X					0	0	0
RAYMOND F. SHERA JR. ESQ., TRUSTEE	3.0	X					0	0	0
JAMES S. VACCARO, TRUSTEE	3.0	X					0	0	0
RONALD W. WERNERS MD, TRUSTEE	3.0	X					0	0	0
GARY H. GUTENBERG ESQ., EXECUTIVE VP/GENERAL COUNSEL	55.0			X			0	25,400	2,743
MARC D. PELLA, EXECUTIVE VP OPERATIONS	55.0			X			0	1,002,000	260,507
FRED W. JACOB, EXECUTIVE VICE PRESIDENT	55.0			X			0	1,430,411	175,470
THOMAS S. SCOTT CIA, SENIOR VICE PRESIDENT	55.0			X			0	400,000	25,417
SEYMUR WEISSMAN, SENIOR VICE PRESIDENT	55.0			X			0	840,330	25,091
DANIEL A. MESSING ESQ., SENIOR VICE PRESIDENT	55.0			X			0	600,000	36,307
CATHERINE ARONSON, SENIOR VICE PRESIDENT	55.0			X			0	532,475	32,336
SILVIA F. FELLERSMAN, SENIOR VICE PRESIDENT	55.0			X			0	502,630	19,220
ANTHONY SORRENTI, SENIOR VICE PRESIDENT	55.0			X			0	400,345	41,100
JONATHAN H. BARKERMAN, SENIOR VICE PRESIDENT	55.0			X			0	390,121	20,250
JENNIFER MURIELLO, VICE PRESIDENT	55.0			X			0	303,601	30,407
NANCY E. MOLECEK, VP BUSINESS	55.0			X			0	713,410	33,013
DAVID H. MORSE, VICE PRESIDENT	55.0			X			0	570,000	41,777
ALLEN H. ROSENBLUM, VICE PRESIDENT	55.0			X			0	301,300	77,707
YLOHE HANER RABINOWITZ, VICE PRESIDENT	55.0			X			0	231,710	12,700
MICHAEL SUMMERS, VICE PRESIDENT	55.0			X			0	231,501	33,537
ANTHONY E. PALANCA, VICE PRESIDENT	55.0			X			0	230,200	27,207
MICHAEL T. REYES, VICE PRESIDENT	55.0			X			0	228,010	29,230
RICHARD HENWOOD, VICE PRESIDENT	55.0			X			0	225,020	24,810
PATRICK DONAHUE, VICE PRESIDENT	55.0			X			0	207,100	25,004
ELLEN GREENE, VICE PRESIDENT	55.0			X			0	207,140	28,730
THOMAS BOUTERD, VICE PRESIDENT	55.0			X			0	193,320	19,461
ELIZABETH GALLIN, VICE PRESIDENT	55.0			X			0	185,022	27,300
JUDITH MUNDI, VICE PRESIDENT	55.0			X			0	177,545	36,700
ROBERT PELLACCHIO, VICE PRESIDENT	55.0			X			0	171,900	24,930
VERONICA GEBHLEN, VICE PRESIDENT	55.0			X			0	165,050	9,675
BEATRICE AIGLES, VICE PRESIDENT	55.0			X			0	145,530	27,200
PATRICIA COOK, VICE PRESIDENT	55.0			X			0	117,111	10,007
DENISE SHEPHERD, VICE PRESIDENT	55.0			X			0	102,800	25,640
MAUREEN MADON, VICE PRESIDENT	55.0			X			0	85,220	5,000
JOHN J. KIRKPATRICK, TREASURER	55.0			X			0	54,827	4,037
JOSEPH SALLMAN, CHIEF INFORMATION OFFICER	55.0			X			0	250,730	34,700
CHRIS SANDERS MD, DIRECTOR	55.0			X			0	512,520	25,247
SHAWNAIT WALSHAM MD, PHYSICIAN	55.0			X			0	1,002,290	227,470
REGINA BLAKE, MANAGER	55.0			X			0	334,130	20,411
DORIS FLEPPORE, DIRECTOR MD	55.0			X			0	211,763	11,700
MARK HOKOVITZ, ASSOCIATE COUNSEL	55.0			X			0	210,570	22,030
JOHN A. FOREMAN JR., FORMER SENIOR VICE PRESIDENT	0.0				X		0	104,943	27,417

EXHIBIT 14

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2002Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning **2002**, and ending

- B** Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Final return
 - ☐ Amended return
 - ☐ Application pending

C Name of organization
CLARA MAASS MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE CLARA MAASS DRIVE

City or town, state or country, and ZIP + 4
BELLEVILLE, NJ 07109

D Employer identification number
22-1500556

E Telephone number
(973) 450-2009

F Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site **WWW.SBNCS.COM****J** Organization type (check only one) ☒ 501(c)(3) ☐ 501(c)(29) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No

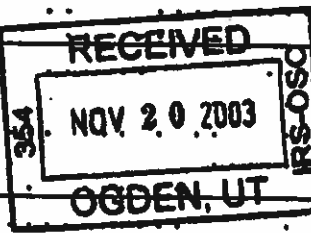
H(d) Is this a separate return filed by an organization covered by a group return? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 9b, 9c, and 10b to line 12 ▶ **169,749,507****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a				
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d				
2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 167,434,194	
3 Membership dues and assessments				3	
4 Interest on savings and temporary cash investments				4 419,201	
5 Dividends and interest from securities				5 6,877	
6 a Gross rents		6a	797,760		
b Less: rental expenses		6b	797,760		
c Net rental income or (loss) (subtract line 6b from line 6a)				6c	
7 Other investment income (describe: STMT 1)				7 78,199	
8 a Gross amount from sales of assets other than inventory		(A) Securities	8a	(B) Other	
b Less: cost or other basis and sales expenses		8b			
c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a			
b Less: direct expenses other than fundraising expenses		9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10 a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11 Other revenue (from Part VII, line 103)				11 1,013,277	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 168,951,747	
13 Program services (from line 44, column (B))				13 157,499,766	
14 Management and general (from line 44, column (C))				14 17,499,978	
15 Fundraising (from line 44, column (D))				15	
16 Payments to affiliates (attach schedule)				16	
17 Total expenses (add lines 15 and 44, column (A))				17 174,999,744	
18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 -6,047,997	
19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 20,887,381	
20 Other changes in net assets or fund balances (attach explanation) STMT 2 STMT 3				20 -11,193,337	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 3,646,047	



SCANNED DEC 12 2003

Clara Maass Medical Center
 FEID- 22-1500556
 Federal Form 990, Part V
 For the Year Ended December 31, 2002

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Thomas A. Biga	Executive Director	45-55 per week or as needed	\$ 288,055	\$ 28,808	None
Garrick Stoldt	VP, Finance	45-55 per week or as needed	\$ 216,239	\$ 21,624	None
Mary Ellen Clyne	VP, Patient Care Services	45-55 per week or as needed	\$ 145,848	\$ 14,585	None
Richard Sathany	VP, Operations	45-55 per week or as needed	\$ 118,166	\$ 11,817	None
Frank Mazzarella, M.D.	VP, Medical Affairs	45-55 per week or as needed	\$ 232,678	\$ 23,268	None
Theresa M. Cologis	VP, Finance	45-55 per week or as needed	\$ 50,250	\$ 5,025	None
Patrick Ciccone, M.D.	Secretary	1-5 per week or as needed	None	None	None
Mario Criscito, M.D.	Trustee	1-5 per week or as needed	None	None	None
Ronald J. Del Mauro	Trustee	1-5 per week or as needed	None	None	None
Herbert Galt	Trustee	1-5 per week or as needed	None	None	None
Venkai Gandhi, M.D.	Trustee	1-5 per week or as needed	None	None	None
John Hopkins	Trustee	1-5 per week or as needed	None	None	None
Thomas Kelaher	Chairman	1-5 per week or as needed	None	None	None
James Orsini, M.D.	Trustee	1-5 per week or as needed	None	None	None
Barry H. Ostrowsky	Vice Chairman	1-5 per week or as needed	None	None	None
John K. Roessner, III	Trustee	1-5 per week or as needed	None	None	None
Hal Wolkoff, Ph.D.	Treasurer	1-5 per week or as needed	None	None	None
Robert Gaccione	Trustee	1-5 per week or as needed	None	None	None
Arthur Lester, M.D.	Trustee	1-5 per week or as needed	None	None	None

All officers, directors and trustees can be reached at the following address

c/o Clara Maass Medical Center
 One Clara Maass Drive
 Belleville, NJ 07109

EXHIBIT 15

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2003**A** For the 2003 calendar year, or tax year beginning

2003, and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use 990 label or print or type See instructions

C Name of organization**CLARA MAASS MEDICAL CENTER**

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

ONE CLARA MAASS DRIVE

City or town, state or country, and ZIP + 4

BELLEVILLE, NJ 07109**D** Employer identification number**22-1500556****E** Telephone number**(973) 450-2000**

F Accounting method: ☐ Cash ☒ Accrual

☐ Other (attach)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates:

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No

H(d) Is this a separate return filed by an organization owned by a group? ☐ Yes ☒ No

I Group Exemption Number:

M Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.SBNCC.COM****J** Organization type (check only one): ☒ 501(c)(3) ☐ 501(c)(29) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6a, 6b, 6c, and 10b to line 12: **173,319,299.****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)**1** Contributions, gifts, grants, and similar amounts received **STATE 1****a** Direct public support**1a** **21,567.****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (attach **2** **21,567.** **10** **21,567.****2** Program service revenue including government fees and contracts (from Part VII, line 80)**2** **171,224,470.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments **STATE 2****4** **351,502.****5** Dividends and interest from securities **STATE 3****5** **1,241.****6a** Gross rents**6a** **917,704.****b** Less rental expenses**6b** **917,704.****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe **STATE 4**)**7** **17,122.****8a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11** **885,693.****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **172,501,595.****13** Program services (from line 44, column (B))**13** **161,108,470.****14** Management and general (from line 44, column (C))**14** **17,900,934.****15** Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 13 and 14, column (A))**17** **179,009,404.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **-6,507,809.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **3,646,047.****20** Other changes in net assets or fund balances (attach explanation) **STATE 5****20** **3,689,532.****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **827,770.**

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

Clara Mass Medical Center
 FEID: 22-1600566
 Federal Form 990, Part V
 For the Year Ended December 31, 2003

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Thomas A. Biga	Executive Director	50-60 per week	\$286,501	\$78,120 **	None
Theresa M. Cologie	CFO	50-60 per week	\$204,563	\$14,269	None
Thomas Kelaier	Chairman - Trustee	1-5 per week or as needed	None *	None *	None
Barry H. Ostrowsky *	Vice Chairman - Trustee	1-5 per week or as needed	None *	None *	None
Patrick Ciccone, M.D.	Secretary - Trustee	1-5 per week or as needed	None	None	None
Hal Wolkoff, Ph.D.	Treasurer - Trustee	1-5 per week or as needed	None	None	None
Mario Criscito, M.D.	Trustee	1-5 per week or as needed	None	None	None
Ronald J. Del Mauro *	Trustee	1-5 per week or as needed	None *	None *	None
Robert Geccone	Trustee	1-5 per week or as needed	None	None	None
Herbert Glat	Trustee	1-5 per week or as needed	None	None	None
John Hopkins	Trustee	1-5 per week or as needed	None	None	None
Arthur Lester, M.D.	Trustee	1-5 per week or as needed	None	None	None
Joseph Melone	Trustee	1-5 per week or as needed	None	None	None
Peter Norcia	Trustee	1-5 per week or as needed	None	None	None
James Orsini, M.D.	Trustee	1-5 per week or as needed	None	None	None
John K. Roesener, III	Trustee	1-5 per week or as needed	None	None	None
Brent Rudnick	Trustee	1-5 per week or as needed	None	None	None

* See attached statement

** The employee benefit plan contribution amounts include both vested and unvested benefits. The unvested benefit contribution amounts are subject to forfeiture. Accordingly, this individual may never actually receive the unvested amounts.

All officers, directors and trustees can be reached at the following address: c/o Clara Mass Medical Center
 One Clara Mass Drive
 Belleville, NJ 07109

EXHIBIT 16

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year/ or tax year beginning **2004**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLARA MAASS MEDICAL CENTER		D Employer identification number 22-1500586
	Number and street (or P O box if mail is not delivered to street address) Room/suite ONE CLARA MAASS DRIVE		E Telephone number (973) 450-2000
	City or town, state or country, and ZIP + 4 BELLEVILLE, NJ 07109		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
	Please use IRS label or post or type See instructions.		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization controlled by a group? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website ▶ **WWW.SBHC3.COM****J** Organization type (check only one) ☒ 501(c)(3) ☐ 501(c)(29) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 6c, 6d, and 10b to line 12 ▶ **200,467,421.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)**

1 Contributions, gifts, grants, and similar amounts received STATE 1			
a Direct public support	1a	98,962.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash 98,962. noncash 0)	1d	98,962.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	201,101,780.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments STATE 2	4	581,567.	
5 Dividends and interest from securities	5		
6 a Gross rents	6a	1,145,999.	
b Less: rental expenses	6b	1,145,999.	
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe STATE 4)	7	-4,961,000.	
8 a Gross amount from sales of assets other than inventory	(A) Sources 8a	(B) Other 40,642.	
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c	40,642.	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	40,642.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) (subtract line 9b from line 9a)	9c		
10 a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	2,459,471.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	199,321,422.	
13 Program services (from line 44, column (B))	13	174,858,155.	
14 Management and general (from line 44, column (C))	14	19,428,683.	
15 Fundraising (from line 44, column (D))	15		
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	194,286,838.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	5,034,584.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	827,770.	
20 Other changes in net assets or fund balances (attach explanation) STATE 5 STATE 6	20	3,859,443.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	9,721,797.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

JSA
4E1016 1 000

DDQ0TC U600

V04-B

Clara Maass Medical Center
 FEID: 22-1500556
 Federal Form 990, Part V
 For the Year Ended December 31, 2004

List of Officers/Board of Trustees

Name	Title	Average Hours	Compensation	Benefit Plan Contributions	Expense Account
Thomas A. Biga	Executive Director	50-60 per week	\$352,280	\$78,940 **	None
Theresa M. Cologie	CFO	50-60 per week	\$236,600	\$14,100	None
Thomas Kelaheer	Chairman - Trustee	1-5 per week or as needed	None *	None *	None
Barry H. Ostrowsky, Esq. *	Vice Chairman - Trustee	1-5 per week or as needed	None *	None *	None *
Hal Wolkoff, Ph D.	Treasurer - Trustee	1-5 per week or as needed	None	None	None
Patrick Ciccone, M.D.	Secretary - Trustee	1-5 per week or as needed	None	None	None
Marlo Criscito, M.D.	Trustee	1-5 per week or as needed	None	None	None
Ronald J Del Mauro *	Trustee	1-5 per week or as needed	None *	None *	None *
Robert Gaccione	Trustee	1-5 per week or as needed	None	None	None
Herbert Glat	Trustee	1-5 per week or as needed	None	None	None
John Hopkins	Trustee	1-5 per week or as needed	None	None	None
Arthur Lester, M.D.	Trustee	1-5 per week or as needed	None	None	None
Joseph Melone	Trustee	1-5 per week or as needed	None	None	None
Peter Norcia	Trustee	1-5 per week or as needed	None	None	None
James Orsini, M.D.	Trustee	1-5 per week or as needed	None	None	None
John K. Roessner, III	Trustee	1-5 per week or as needed	None	None	None
Brent Rudnick	Trustee	1-5 per week or as needed	None	None	None

* See attached statement 18a

** The employee benefit plan contribution amounts include both vested and unvested benefits. The unvested benefit contribution amounts are subject to a substantial risk of complete forfeiture. Accordingly, this individual may never actually receive the unvested amounts.

All officers, directors and trustees can be reached at the following address:

c/o Clara Maass Medical Center
 One Clara Maass Drive
 Belleville, NJ 07109

EXHIBIT 17

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005

- B** Check if applicable:
- ☐ Address change
 - ☐ Name change
 - ☐ Initial return
 - ☐ Final return
 - ☐ Amended return
 - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CLARA MAASS MEDICAL CENTER

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE CLARA MAASS DRIVE

City or town, state or country, and ZIP + 4
BELLEVILLE, NJ 07109

D Employer identification number
22-1500556

E Telephone number
(973) 450-2008

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.sbhcs.com

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 211,331,336

- H** and **I** are not applicable to section 527 organizations
- H(a)** Is this a group return for affiliates? ☐ Yes ☒ No
- H(b)** If "Yes" enter number of affiliates: _____
- H(c)** Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
- I** Group Exemption Number: _____
- M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c	126,384	
	d Total (add lines 1a through 1c) (cash \$ 126,384 noncash \$)	1d	126,384	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	208,820,218	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	411,954	
	5 Dividends and interest from securities	5		
	6a Gross rents	6a	1,207,513	
	b Less rental expenses	6b	1,207,513	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe:)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11	765,269	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	210,123,825	
	Expenses	13 Program services (from line 44, column (B))	13	190,176,588
14 Management and general (from line 44, column (C))		14	21,130,728	
15 Fundraising (from line 44, column (D))		15		
16 Payments to affiliates (attach schedule)		16		
17 Total expenses (add lines 13-16 and 44, column (A))		17	211,307,316	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-1,183,491	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,721,797	
	20 Other changes in net assets or fund balances (attach explanation)	20	-8,269,924	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	268,382	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:











(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THOMAS A BIGA  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	EXECUTIVE DIRECTOR 55	374,576	87,978	0
THERESA M COLOGIE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	CFO 55	249,100	15,065	0
THOMAS F KELAHER ESQ  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	CHAIRMAN - TRUSTEE 3	0	0	0
BARRY H OSTROWSKY ESQ  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VICE CHAIR - TRUSTEE 3	0	0	0
PATRICK N CICCONE M D  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	SECRETARY - TRUSTEE 3	0	0	0
HAL WOLKOFF PH D  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TREASURER - TRUSTEE 3	0	0	0
MARIO A CRISCITO M D  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3	45,000	0	0
ROBERT GACCIONE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3	0	0	0
HERBERT GLATT  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3	0	0	0
JOHN N HOPKINS  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3	0	0	0

EXHIBIT 18

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:











(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THOMAS A BIGA  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	EXECUTIVE DIRECTOR 55 0	676,720	94,970	0
THERESA M COLOGIE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	CFO 55 0	240,230	123,023	0
FRANK MAZZARELLA  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VPMA 55 0	267,533	23,422	0
MARY E CLYNE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VP, NURSING 55 0	189,697	20,943	0
THOMAS F KELAHER ESQ  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	CHAIRMAN - TRUSTEE 3 0	0	0	0
BARRY H OSTROWSKY ESQ  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VICE CHAIRMAN - TRUSTEE 3 0	0	0	0
PATRICK N CICCONE MD  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	SECRETARY - TRUSTEE 3 0	0	0	0
HAL WOLKOFF PHD  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TREASURER - TRUSTEE 3 0	0	0	0
MARIO A CRISCITO MD  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3 0	45,000	1,350	0
ROBERT GACCIONE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3 0	0	0	0

EXHIBIT 19

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
 Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 CLARA MAASS MEDICAL CENTER
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 ONE CLARA MAASS DRIVE
 City or town, state or country, and ZIP + 4
 BELLEVILLE, NJ 07109

D Employer identification number
 22-1500556
 E Telephone number
 (973) 450-2008
 F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.sbhcs.com

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates: ▶

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶











M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 231,668,244

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received					
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b			
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	26,951		
e	Total (add lines 1a through 1d) (cash \$ 26,951 noncash \$)	1e		26,951	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		228,052,033	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		718,912	
5	Dividends and interest from securities	5			
6a	Gross rents	6a	709,121		
b	Less rental expenses	6b	709,121		
c	Net rental income or (loss) subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7		863,371	
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		1,297,856	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		230,959,123	
13	Program services (from line 44, column (B))	13		207,303,482	
14	Management and general (from line 44, column (C))	14		23,033,747	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		230,337,229	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		621,894	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		12,186,875	
20	Other changes in net assets or fund balances (attach explanation)	20		-4,242,534	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		8,566,235	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
THOMAS A BIGA  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	EXECUTIVE DIRECTOR 55 0	329,396	76,362	0
THERESA M COLOGIE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	CFO 55 0	228,580	92,110	0
FRANK MAZZARELLA MD  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VPMA 55 0	268,689	20,176	0
MARY E CLYNE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VP, NURSING 55 0	204,738	23,467	0
THOMAS F KELAHER ESQ  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	CHAIRMAN - TRUSTEE 3 0	0	0	0
BARRY H OSTROWSKY ESQ  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	VICE CHAIRMAN - TRUSTEE 3 0	0	0	0
PATRICK N CICCONE MD  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	SECRETARY - TRUSTEE 3 0	0	0	0
JOHN N HOPKINS  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TREASURER - TRUSTEE 3 0	0	0	0
MARIO A CRISCITO MD  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3 0	45,000	0	0
ROBERT GACCIONE  ONE CLARA MAASS DRIVE BELLEVILLE, NJ 07109	TRUSTEE 3 0	0	0	0